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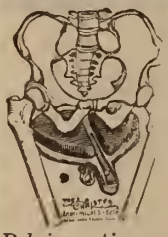
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The Significance of Past Climacteric Hemorrhages.*

By F. A. L. Lockhart, M. D. I. and C. M., Edinb., Gynecologist to the Montreal General Hospital, and Protestant Hospital for the Insane, Verduni Demonstrator in Gynecology in McGill University, Etc.

Mr. President and Gentlemen :

I have to thank yon very sincerely for the honour which you have conferred upon me by inviting me to be present at and to take an active part in the proceedings of your society, and I hope that you will not find the following remarks out of place at a meeting where all departments of medicine receive their due consideration.

From a sexual standpoint, woman's life may be divided into four periods ; viz, 1. childhood, i. e. before the onset of puberty ; 2. Puberty, or the period during which the sexual characteristics are manifesting themselves ; 3. nubility, i. e. when the female is throughly mature and ready to fulfill her function of reproduction ; 4. climacteric or menopause, i. e. the period at which sexual activity ceases and the individual has completed her period of fertility.

Just as the begining of sexual activity (puberty) is marked by periodic pelvic congestion, as evinced by the appearance of an

*Read before the 84th Annual Meeting of the Vermont State Medical Society.

haemorrhagic discharge from the genitals which is called the process of menstruation, so its termination (the climacteric) is marked by a permanent cessation of this flow. This is the rule, but, just as in every other case, this rule has its exceptions, as cases have been recorded where females have given birth to children both before the first appearance of menstruation and after the establishment of the menopause.

The ages at which each of the above mentioned epochs begins vary in different altitudes and, to a less extent, in different races. In our own temperate zone, the menstrual function usually begins between 12 and 14 years of age, while the menopause occurs between the ages of 42 and 45. As regards nubility, very few of our girls are really thoroughly fitted to undergo the responsibilities and trials of matrimony until they reach an age of 21 or 23 years, by which time both mind and body should have become well developed, although each individual is a law unto herself, and while one might be nubile at eighteen another may not reach that stage until thirty.

The periods of puberty, maturity and the climacteric have gynaecological diseases to which the patient is especially liable. During the establishment of the menstrual function, there is the liability to sarcoma and to an acceleration of any constitutional malady which the patient may possess. While the sexual system is most active, the patient is particularly prone to fibrous growths of the uterus, and, in illustration of this, allow me to briefly relate a case which occurred in my own practice. Two years ago, a young lady, 28 years of age, came to me complaining of severe dysmenorrhoea. A very careful and satisfactory pelvic examination under an anaesthetic revealed only an ordinary sized uterus, which was the seat of anteflexion and endometritis, the appendages being normal. The patient married about twelve months ago and came to me six months later, complaining of intense pain in the left illiac region, dysmenorrhoea and excessive flow at her periods, which occurred quite regularly every twenty eight days. Local examination revealed a cervix which was soft but not so

much as a typical softening of pregnancy, and the uterus lying so much forwards and enlarged quite symmetrically to the size of a four months pregnancy. Owing to the rapidity of growth and to her mother's having menstruated each of the nine months when carrying her children, the possibility of pregnancy occurred to me and this opinion was shared by another physician who was asked to see the case with me. As further observations showed the growth to be a fibroid, I removed it a few weeks ago. I have no doubt but that there was a very small fibroid nodule inside of the uterus at the time of the first examination, and that the repeated attacks of pelvic congestion due to the exercise of marital relations caused the extremely rapid growth of the neoplasm.

We are now in a position to consider the question of "post-climacteric haemorrhage," and, as a text, permit me to make the following quotation from "An American Text-book of Gynaecology," viz, " If uterine bleeding occurs after the establishment of this condition (the climacteric) one of two diseases is most likely to be found—either fibroma or malignancy, with the chances largely in favour of malignancy, especially if the woman be a multipara."

While we cannot take up all of the diseases which may possibly occur at the menopause, I think that the above quotation from one of our standard text-books will warrant some consideration of genital carcinoma, which in the vast majority of instances makes its first appearance at or near the climacteric. It is the fact of the tendency of this disease to occur at this time and that one of its most constant symptoms is haemorrhage, which gives to post-climacteric haemorrhage an importance which I fear is not sufficiently recognised by most writers or insisted upon sufficiently by teachers. How often a patient comes to us saying that the change of life came on four or five years ago, that she had observed discharges of blood from the genitals now and then for the last six months or a year but had thought nothing of it until now, when the amount of blood lost had increased to such an extent that she became alarmed, and upon making a local examination we find that the cervix has

been the original seat of carcinoma, which has now spread outwards into the broad ligament and down into the vagina to such an extent that nothing can be done in the way of curing the condition. Gentlemen, it is the duty of every conscientious physician to insist upon making a local examination of every woman who has passed the climacteric and comes to him complaining of a coloured vaginal discharge, whether she has pain or not. If the patient refuses, it is better to withdraw entirely from the case, as, after she has learned, later on, that she has a cancer which has progressed too far for any hopes of cure, she will very probably blame you for not having forced her to submit to be examined. If the case be one of carcinoma, the uterus will be more or less enlarged and hard without any other alteration in the cervix than an excessive hardening, if the disease be confined to the fundus. There will also probably be a malodorous discharge from the uterus. If the cervix be the seat of disease and this is in an early stage, it will be hard and probably somewhat nodular with proliferation of the epithelium which bleeds upon contact with any hard substance, and which has here and there greyish patches scattered over its surface. In a later stage you have, of course, the well known crater-like cavity, the walls of which crumble away under the finger. The patient will also present the usual cancerous cachexia, especially if the disease be at all advanced. This appearance however, must not mislead one, as there are cases where the cervical canal is is stenosed in old people and the uterine contents become putrid, this giving rise to a cachectic appearance, but here there is little if any haemorrhage although a fetid discharge may be present.

Another condition occurring at this time of life and which is characterised by bleeding is simple senile endometritis of the haemorrhagic variety. Here, the haemorrhage is in the form of a constant oozing instead of gushes of blood, and the fluid is inclined to be dark and to be mixed with mucus. This may occur in elderly women who are very much run down in health, even if the uterus is in good position, but it is more apt to occur

where the uterus is prolaped or retroverted. This general oozing is almost characteristic of senile haemorrhagic endometritis, as it is not due to the sudden breaking down of comparatively large blood-vessels as in cancer or atheroma, but now and then the blood does come away in gushes, in which case it is apt to be bright coloured. The following case well illustrates the condition which we are now considering. Mrs. B. aged 62 y'rs who was under my care for functional cardiac trouble for some years, came to me complaining of a mucoid discharge which was streaked with blood. Her periods had ceased about 12 years previous. She had had only one child about 35 years ago. No history of miscarriages. She led a very sedentary life, walking very little and not even driving very much. She gave a history of having over-exerted herself to some extent. There was no pelvic pain or loss of flesh. Local examination revealed a cervix which was not lacerated but the margins of the os were soft and velvety. The fundus was slightly enlarged, non-sensitive, freely moveable and somewhat prolapsed. Senile haemorrhagic endometritis was diagnosed, and she was put to bed. A tonic was ordered for her and she was advised to take hot douches, containing one teaspoonful of Fld. Ext. Pinus Canodensis alba to each quart of water, morning and night, and was well in a few days. You may ask how I can be certain that this old lady did not have cancer? I am sure of it for two reasons. First of all, the patient's appearance and history were opposed to cancer and secondly the discharge of blood occurred over two years ago and the patient has been in excellent health ever since.

It is stated that when you have extensive atheromatous changes taking place in other parts of the body, you have it occurring in the submucous vessels of the endometrium. Where this is the case, the vessels break down and cause more or less haemorrhage which may be in the form of gushes or oozing of bright red blood, not the dark coloured discharge seen in senile endometritis. This condition, however, I have never been able to differentiate clinically, from one of simple senile en-

dometritis and I think that those who have described the condition have made their diagnosis *per visu* after the uterus has been removed from the body or else by inferring an atheromatous condition of the uterine arterioles from the presence and extent of the condition elsewhere, but this reasoning is liable to lead one into error. The following case well exemplifies the fact that a woman may have a great deal of atheromatous degeneration of some vessels while those of the uterus are entirely unaffected. Mrs. F., age uncertain but probably over seventy, was admitted to the Gyneocological ward of the Montreal General Hospital with complete procidentia of the uterus As local treatment would not keep the uterus in position, the question of vaginal hysterectomy was considered, I being decidedly chary about operating on account of the extensive atheromatous degeneration of those arteries which could be palpated, as I thought that we would have great trouble to stop any haemorrhage during operation. However, I removed the uterus *per vaginam* and had no difficulty at all with the vessels, although the thickening of the mucous membrane over the cervix rendered the operation very difficult by obscuring the land-marks. On examining this uterus for atheroma, none could be found although carefully searched for.

In addition to the above conditions, you may have haemorrhage from a sub mucous fibroid, but it is rare to have this disease not manifest itself until after the climacteric. Of course this condition is comparatively easily diagnosed by the size and shape of the uterus, its mobility and the appearance of the patient who will probably be quite robust. If, however, it is merely a polypus which is causing the trouble, the diagnosis is not so easy, as the uterus may not be enlarged. Even the currette or sound may not detect it, so that exploration of the uterine cavity with the finger is of great service in diagnosing any of the above conditions. Of all of these latter, the case which will give you most trouble is one in which you are uncertain as to whether the patient has endometritis or carcinoma of the fundus. In both

the uterus will probably be enlarged (more so of course if the disease be malignant), in both there may be cachectic appearance and you may have pain with both or with neither. However, in carcinoma you will usually have a malodorous discharge, fitful haemorrage, more or less rapid loss of flesh and no improvement on treatment, while in endometritis the discharge will probably have no odour, and will be mucoid and streaked with blood. Again the loss of blood will be by a steady oozing usually, there is not so great a probability of the patient's being cachectic, nor is she likely to lose flesh to any extent, and lastly, the more children the woman has had the greater are the chances in favour of malignancy. If you cannot decide otherwise you should undoubtely curette the cavity and have the tissue removed examined by a competent pathologist. If he diagnoses cancer, remove the uterus at once, while if he pronounces the trouble to be benign, watch the case very carefully for several months. If the haemorrhage should return after a second, or at the most the third, careful curettage, I would strongly advise removal of the uterus, as the disease is almost sure to be of a malignant nature. While a strong opponent to the indiscriminate removal of uteri, say for tubal disease, I think that, if one is a skilled operator and has a reasonable doubt as to whether a uterus is the seat of cancer or of endometritis, and the doubt can be cleared up in no other way, he should remove that uterus at once and allow no chance of a post mortem diagnosis of cancer of the fundus nine months or a year later. Statistics are proverbially unreliable, therefore I will give none, but I think that you all will agree with me that vaginal hysterectomy where you have a small freely moveable uterus, and a fairly strong patient is not a very dangerous proceedure in the hands of an experienced operator and that it is prefarable to expose your patient to this comparatively slight risk of the operation than to the horrors of death from pelvic carcinoma.

23 Mackay St.

Montreal.

Some Remarks on Cerebral Congestion With a Report of a Case.

By H. Edwin Lewis, M. D, Resident Physician of the Fanny Allen Hospital.

True congestion of the brain is by no means so common a malady as one would infer from the frequent use of the term by the general layman. From time immemorial almost all acute disorders of the brain and its membranes, irrespective of their nature or cause, have been grouped by the laity under the one title, congestion of the brain. Few novelists of renown have failed to inflict one or more attacks of this disease on some of their leading characters, and the clinical pictures which they have zealously drawn of their sufferings would admit of almost any diagnosis. Therefore the seeming frequence of congestion of the brain is accounted for to a large extent, by the great variety of symptoms which have been depicted by lay writers as characteristic of the condition, and the fact that medical men have too often used the expression to denote meningitis, cerebritis or the other acute inflammatory processes liable to attack the brain and its meninges.

That a true cerebral congestion in a pathologic sense is not a common disorder is well known to the profession. Inflammatory diseases of the brain are always attended by some degree of hyperemia and its presence is simply Nature's effort to repair an injury or correct an abnormal condition of the tissues. So considered, the increase in the local circulation of a diseased part cannot in any way be characterized as pathologic *per se.* It is only a physiologic phenomenon. But that congestion of the brain which is not the sequence of inflammatory processes is manifestly a pathologic condition since it has no beneficial influence and its mere presence gives rise to all the symptoms.

Numerous causes like over-action of the heart, the excessive use of alcohol, amylnitrite, etc., have been recognized as productive of cerebral hyperamia, but by far the great majority of all cases are the result of overwork and worry. By overwork is meant prolonged mental strain with little sleep or rest. The brain put to its greatest capacity of work requires a large amount of nutrition to replace the increased waste. The blood vessels in response to the demand for more nutrition become engorged and the muscular coats of the arteries, as well as of the veins carrying off the waste material, are distended to their utmost. The demand is excessive and the supply equals the demand. Under natural conditions such a state of engorgement or physiologic congestion would be succeeded in due time by reaction, sleep would ensue and the walls of the cerebral vessels would regain their former size and tonicity. But too many brain workers ignore the necessity of allowing their brains even a small chance for the normal processes of recuperation to take place and the continuation of such abuse soon sees the physiologic congestion transformed into a decided pathologic state. The vessels of the brain from continued distention lose their powers of contraction; their muscular tone vanishes; the distention increases and the engorgement which was at first natural and voluntary rapidly becomes unnatural and beyond the correction of nerve influence. The brain is obliged to continue its work *nolens volens*, and goaded to such excessive labor it is little wonder that a long train of distressing symptoms rapidly ensue. Headache, insomnia, flashes of heat, disorders of vision and hearing, rapid pulse, hallucinations and vertigo, together with a host of nervous symptoms all unite in delineating the condition. The patient wears an anxious expression and is oftentimes in so grave a state that he stands just on the border line of insanity. Any great shock or excitement is extremely dangerous in his precarious condition, and in many cases the brain is so devitalized and the powers of resistance so depreciated that a comparatively small affair may break down the last barrier between sanity and alienation. Immediate relief of

acute cerebral congestion is therefore imperative, for every hour that the condition persists only increases the danger of cerebral hemorrhage, or makes greater inroads on the future stability and usefulness of the mind. Too many cases of mental derangement date their first manifestation from some prolonged mental strain or effort, and it is only rational to suppose that could the congested condition accompanying such strain or effort have been intelligently treated and the patient given complete rest, even against his will, his mind might never have succumbed.

It becomes the duty then of every physician to be on the watch in this hustling, hurrying, rushing era of civilization for the first symptoms of acute cerebral congestion in order that he may relieve the condition promptly and intelligently. By so doing he may avert not only the most terrible, but alas, that too frequent calamity of mankind, the loss of reason.

The following typical case well illustrates the imminent nature of a pathologic congestion of the brain and the comparative ease with which it can be relieved.—

Rev. Father A. J. Clergyman. Aged thirty years. A native of France. Family history good and personal history as regards previous illness entirely negative. The Reverend Father was in charge of a parish which involved much work, and in addition to his ecclesiastical duties was Superior of an order of Christian Brothers, an office which entailed much additional responsibility. His work was so onerous that he found it necessary to do a large share of it at night and it was no unusual thing for him to continue writing long after midnight. When admited to Fanny Allen Hospital at 2 P. M. Oct. 2nd, he gave a history of having suffered from continual headache and dizziness for about ten days and during that time had found it almost absolutely impossible to sleep. His temperature when admitted was normal, but his face was so flushed that it gave him an appearance of a high fever. His pulse was strong, full and beating at the rate of 102 per minute. Both pupils were dilated and reacted slowly to light. The tendon reflex of both legs was increased, as was also ankle clonus. His bowels had been fairly regular.

On close questioning he claimed to hear a continual rushing noise in his ears which he likened to the breaking of waves on a rocky shore. Also when pressed further he admitted having heard his name called several times in the night when he knew positively that no one was around. When he closed his eyes he claimed to see strange things the character of

which he would not describe. His countenance was very anxious and showed unmistakable signs of suffering. His whole manner was agitated and he seemed to be completely bowed down by the fear of some impending danger. At first no amount of inquiry could override his reticence, but at last, in a burst of emotion, he confessed that for three days he had been in constant fear of losing his reason. He had tried to control himself, to forget his work and throw off all responsibility for a few days, but it was impossible. Each day he kept getting worse and finally he came to the hospital as a last resort. Every assurance was given him that his recovery would be complete in a few days and he was put to bed with his head considerably raised. It was noticed at that time that his extremities were very cold. Accordingly hot water bottles were placed at his feet and at the same time a cold pack applied to his head. A brisk cathartic in the form of a saline was administered and a teaspoonful of the following prescription every three hours until sleep was produced:

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Misce.

At 9 P. M. he was given a glass of hot milk and soon after he dropped to sleep and slept naturally until 4 A. M, this being the longest period of consecutive sleep that he had enjoyed for several months. Next day the prescription of chloral, bromides and ergot was continued, but at intervals of six hours. The flushed condition of his face rapidly disappeared and his headache entirely vanished. The anxiety of the day before was noticeably absent and he appeared rested and cheerful. At night he slept well waking only once between 10 P. M and 6. A. M.

From now on his recovery was uneventful and he was discharged on the 11th inst. He was not kept in bed after the second day and the hypnotic mixture was given to him thereafter only once each day at 7 P. M. The only other medicine he took was a bitter tonic before meals. He was encouraged to get out around the Hospital grounds several times a day and on leaving the Hospital was advised to take a complete rest of at least two months. He acted on the advice and took the opportunity to pay a visit to his native land where he now is, enjoying the best of health.

The treatment of cerebral congestion is comparatively simple since we have at our command several drugs which can be absolutely relied upon to relieve the congested state of the brain. Chloral and the bromides are certainly the best and surest of this

class, and none of the newer drugs can compare with them for safe and efficient action. It will be found that their action will be greatly enhanced by being exhibited in combination with a small amount of ergot. Both chloral and the bromides produce anemia of the brain but when the congestion goes beyond the physiologic limit and becomes pathologic,the muscular coat of the vessels being unable to contract of itself, then ergot if not a necessity, becomes at least a very valuable adjuvant to enable the arterial muscular structure to regain its normal contractility.

Measures which act mechanically to withdraw or drive out the amount of blood in the congested brain are quite essential in the early treatment of cerebral congestion and of these means cold is undoubtedly the best and most grateful to the patient. A mustard paste at the back of the neck is an old but a nevertheless very useful method, the only objection to its employment being the unpleasant sensations attending its use. Recently electricity has been highly recommended and it certainly is worthy of a careful trial. The constant current is indicated, eight to twelve milliamperes in strength, the positive pole being placed on the forehead and the negative at back of neck and down spine. Besides increasing the flow of blood from the head, the current exerts a mild influence on the muscle of the blood vessels and in this way tends to produce a permanent effect. The above electrical treatment may be greatly augmented by general as well as local faradization.

In concluding this disconnected article, the writer wishes to emphasize the fact that while congestion of the brain has been a rather uncommon condition in the past, it is nevertheless on the increase. Society is becomming so finely organized and the struggle for position and power in the social organization is so universal that countless men and women in the wild pursuit of their ambitions are completly ignoring the physical needs of their minds and bodies. Nature will stand an incredible run on her bank of health, but sooner or later the break will come, and Nature's failures are always disastrous. Insomnia is the first and

at once the most important symptom of Nature's impending bankruptry and unless soon relieved the resulting loss can never be made good.

As guardians of Nature's treasure, good health, medical men must constantly aim to impress their patients with the absolute necessity of giving both body and mind a frequent vacation and surcease from care. Outdoor games and exercises are becoming every year more essential to good health and it is only by judiciously engaging in them that the brain worker can maintain "Mens sana in corpore sano."

Burlington, Vt.

Constipation: Its Dangers; A Hint In Regard To Treatment.

J. D. Albright, M. D., Pottsville, Pa.

Without doubt the most freqnent departure from the normal state of health is found in the alimentary tract, and is eommonly known as eonstipation.

It occurs in all elasses and is perhaps the most found in the upper classes of humanity, or those of sedentary habits.

This state of affairs may be due to disease, but more frequently it is due to habit, first, and afterwards it beeomes so to speak, the normal condition of many.

Generally speaking constipation exists when the faeces are retained beyond the usual or normal time, and evaeuated with more or less diffieulty. It has erroneously been supposed that constipation always signifies a difficult movement of the bowels, but this is not strietly true, as one may have only one movement every other day, and yet the stools may be quite soluble. This eondition is however not frequent, but it has been seen in the experienee of the writer.

When eonstipation exists we will always find either a defieiency in the peristaltie movement of the bowels, increased absorption, motor paralysis of the muscular coats of the bowels, or all of them. The stools are generally of a hard indurated nature, the evaeuations difficult and not as frequent as normally they should be.

ITS DANGERS: The one great danger to be feared in this eondition is auto-intoxieation. Normally the waste products are regularly and speedily removed from the body. When they are retained we have at once an infective proeess set up. The retained material furnishes food for the nutrition and multiplieation of numerous pathogenie micro-organisms, and the eliminative

apparatus is confronted with a new poison. When ptomaines are thus set at liberty in the human organism we have at once a retrograde tissue-changing process set up, they interfere with the metabolism of the leucocytes and another line of symptoms is set up.

The most prominent among the latter are headaches, coated tongue, cold and numb extremities, cardaic irregularity and a general feeling of malaise.

Treatment. For the alleviation of this trouble it is important that one remember the great factor that habit plays in this partienlar. The patient should make an attempt to visit the toilet at regular stated intervals and make an effort to have an evacuation of the bowels. It is surprising how much can be accomplished in the proper direction by this simple means.

This however will not overcome peristaltic inactivity, it will not lessen absorption, and it will not restore a liver that may have been inactive for a long time.

These indications must be met by the medical adviser of the patient and the proper medicines administered.

A drug that meets the requirements in the majority of cases of this kind is Senna, one of the oldest and best known laxatives. It has a mild but potent action on a torpid liver, and causes free and easy evacuations of the bowels. The California Fig Sprup Co. has recognized the value of this drug and has given it the foremost position in their elegant and efficient preparation which they have named Syrup of Figs.

The value of this preparation is most marked when used in the cases of pregnant women and children, as it produces no pain of a griping nature, is easy to take and answers every purpose required of a laxative.

Its palatability is a great factor in its administration to children and even to adults, as there is frequently an idiosyncrasy against drugs of a nauseating character, while its admirable action places it in the formost ranks as a remedy for the disease under discussion.

Jan. 18th, 1898.

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EDITORIALS.

Observation and Discrimination in Therapeutics.

We are undoubtly living in an era of marvelous progress. On every hand we see the wonderful results from the tireless delving of mankind into the secrets of Nature. Every day sees some great discovery given to the world and still thousands of workers in every field of industry are enthusiastically pushing on to even greater things than the world has ever seen.

Along with progress in other lines of work the science of medicine has rapidly gone forward. The practice of medicine of

fifty years ago would not be recognized beside that of to-day. The physican of the first half of this century who placed his confidence in the then known remedies and cured his patients with bleeding, purging, emetics and certain vegetable drugs at his command would be prostrated by the array of coal tar products, antitoxic serums, and countless proprietary preparations which make up the modern armamentarium. And well might he feel dismayed by the enormous growth of the materia medica, for the newer remedies, most of which are coal tar derivatives, have multiplied so fast during the last few years that no man can begin to number them, to say nothing of classifying their properties and therapeutic uses. Some have real worth, but many, alas a great majority of them, are of no service at all in the treatment of disease. The mature practitioner who has learned to "hold fast to that which is good," even if it is an old remedy, and whose experience has taught him never to forsake certainty for uncertainty, finds little to confuse him in the multiplication of new remedies. He passes on, occasionally adding something that he finds valuable in his work, but he does not accept everything blindly, simply because a few men recommend it. With the young man just starting into practice it is different. He is immediately confronted by a host of remedies, many of whose chief virtue lies in their unpronounceable names, and in his desire to be modern and up to date, he tries to utilize them all. Then, when his therapeutic efforts are not crowned with the highest success, he is surprised. But he is over-looking the most important principle of successful prescribing, careful discrimination, and unless he early acquires the power of observing the definite physiologic action of drugs and bases their administration thereon, he is doomed to many a failure and disappointment. Therefore the young physician to obtain the greatest measure of success should confine himself to a few drugs or standard preparations of each class of remedies whose physiologic and therapeutic action has been well established by years of use. By so doing he will by no means relegate himself to the past, but he will lay a foundation

for the scientific application of medicine to pathologic conditions which will save him much embarrassment in the future. As he goes on, careful observation will enable him to select new drugs and remedies with wisdom and understanding, and his work will become less and less impeded by that barrier to medical progress, empiricism. Too many medical men are just where they were when they graduated, from the simple fact that they have never learned to accurately observe the action of their remedies. As a consequence though their materia medica is enormous, their results are never so satisfactory as their brother practitioner's, whose remedies are fewer but who knows definitely what to expect from their administration.

The New State Laboratory.

It is a matter of congratulation to the whole state of Vermont that the last month has witnessed the establishment of a State Bacteriological Laboratory at Burlington. The laboratory will be in charge of a man who is well and favorably known in the scientific world, Dr. J. H. Linsley. Dr. Linsley will bring to his new position not only a wide experience as a pathologist but a characteristic enthusiasm and energy which will contribute in no little degree to the success of the undertaking. The choice of the board meets with the sincere approval of every medical man in the State.

By sending material to the laboratory any physician can have an immediate examination made of the same, the only expense to the sender being the nominal cost of a return reply. That the profession will thoroughly appreciate the facilities thus afforded by a State Laboratory is an assured fact.

The Board has again put itself on record as a progressive, scientific organization and its members have proven themselves justly worthy of all the respect and confidence placed in them in the past.

MEDICAL ABSTRACTS.

Use of Milk in Kidney Lesions—Dr. Ajello (*Blatter fur Klinische Hydro Therapie*) as quoted by *The Philadelphia Medical and Surgical Reporter*, does not believe that the milk diet is best for kidney lesion patients, but that, on the contrary, a "mixed" diet answers a better purpose in general. In his twenty-one cases, he noted an increase in the quantity of urine in nine that were kept on a milk diet and eleven on a mixed diet. The albumin decreased in five cases and increased (quite considerably in some) in sixteen cases kept on milk. The urates diminished in ten milk cases, a rather unfavorable phenomenon. The phosphates diminished in seven kept on milk and thirteen on mixed diet.—*Med. Review of Reviews.*

Most Infants Fed Too Often—Dr. W. L. Harris (Gaillord's Med. Jour.) says that the quantity of food and the time of feeding are almost as important as the quality of food. Most infants are fed too often; one meal hasn't time for digestion before an other is forced upon it, and soon there are fermentation and indigestion, and we wonder why the food doesn't agree.

It must also be borne in mind that an infant doesn't require the same quantity of fat in summer as in winter. The fat is not assimilated in very warm weather, and simply acts to disarrange digestion; so in the warm spring and summer months the milk should be given diluted.

Sugar is a very important element of an infant's feed; it remains at about a constant per cent. in mother's milk, and should be kept at this in one formula for modified milk. Do not forget that it is as much a food as fat or proteids, and is not used simply to *sweeten* the milk.

I once heard of a physician who said he had stopped using sugar in his milk for children, as he thought it fermented too easily, and that he was using *glycerin* to sweeten the milk. Milk alone should constitute an infant's food till it is about a year old, and during the early part of the second year in addition to milk, such simple articles as well-cooked oat-meal and dry stale bread may be given once or twice a day; later on, simple broth or soups, with grease taken off, and a soft-boiled egg may be given.

Fruits, such as the juice of an orange, baked apples, or soft peaches in season may be allowed towards the end of the second year; but never, under any circumstances, should such articles as candy, cakes, and promiscuous fruits be allowed, for they are the primary cause of illnesses that cause the death of hundreds of infants every year.—*Charlotte Med. Journal.*

The Treatment of Gonorrhœa—(*Prescott, Arizona, August 16 1897. To the Editor of the New York Medical Jurnal:*) SIR: My attention has been attracted to an article published in your journal for July 3d, by Dr. J. A. Silverman, of Butte, Montana. The writer states that no antiseptic has been discovered that will destroy the gonoccocus without doing injury to the mucous membrance. As I presume that he is open to conviction, I submit to you for publication the following report of three cases which I have successfully treated during the last few months with hydrozone and glycozone, which I consider not only harmless but the most powerful healing agents that I have ever used in my practice of thirty-five years.

CASE I.—A man called on me on June 20th, with gonorrhœa of four weeks' duration, with profuse discharge, micturition painful, and an acute burning sensation along the entire urethral tract. Pus sacs had formed in the canal, the meatus was inflamed, and the gonococcus was active, as determined by microscopical examinatian. I prescribed injections of one part of hydrozone and ten parts of sterilized lukewarm water, an ounce for each injection, four times daily. After two days I reduced the proportion to one part of hydrozone and fifteen parts of lukewarm water, and I directed glycozone mixed with an equal amount of glycerin pure to be injected on his going to bed. The diet was not restricted, but no stimulants were permitted. In two days no gonococcus could be detected. The discharge was lessened, the pain and difficulty in micturition had ceased, and in twelve days the patient was well. Continence was imposed for two weeks. Doses of bromide of potassium and bicarbonate of sodium were administered from time to time in order to make the urine alkaline and quiet the patient.

CASE II.—A married man had contracted blennorrhœa from a women who had the whites. The same treatment was ordered, and with such satisfaction that the woman also was brought for examination and treatment. Result, a cure in each case within three weeks.

CASE III.—A man, fifty years old, contracted gonorrhœa from a woman of the town. As the patient lived in the country, twenty miles out, no treatment was given until ten days after infection. Aggravated symptoms of gonorrhœa were present, and there was chordee every night; the patient, to use his own expression, was "plumb wild." The hydrozone injections were ordered, one part to twenty, owing to the great sensitiveness of the urethra and the possibility of orchitis if a stronger injection was used, as

there was a slight swelling of the testicles. The glycozone, diluted with equal parts of pure glycerin, was ordered at night. I also gave glycozone internally in medicinal doses, to allay a gastric disturbance due to nervousness. In this case the treatment was continued for twenty-five days. I sent my patient to his cattle ranch happy.

WARREN E. DAY, M. D.

The Medicinal Employment of Coffee—In his *Archives of Surgery*, Jonathan Hutchinson says: "I have often been in the habit of prescribing coffee as a medicine in certain states of great debility. It appears to me to be a remedy quite unique in its usefulness in sustaining the nervous energy in certain cases. Apart from its general usefulness, I have found it of especial service after operations when anæsthetics had been used and in a state of exhaustion when alcohol had been pushed and a condition of semi-coma followed. In these latter cases I have sometimes prescribed it as an enema when the patient could not swallow, and with the best effects. Its value as an antidote to opium is of course well known. Tea and coffee seem to me to be much alike in many respects, but I would give preference to the latter, as to its sustaining powers. It would, I think, be a great advantage to our working classes and a great help toward a further development of social sobriety, if coffee were to come into greatly increased use, and if the ability to make it well could be acquired."—*Med. Review of Reviews.*

BOOK REVIEWS.

Hysteria and Certain Allied Conditions—Their nature and treatment, with special reference to the application of the rest-cure,, massage, electrotherapy, hypnotism, etc. By George J. Preston, M. D., Professor of Diseases of the Nervous System, College of Physicians and Surgeons, Baltimore ; Visiting Physician to the City Hospital ; Consulting Neurologist to Bay View Asylum, the Hebrew Hospital, the Church Home and Infirmary, etc. ; Member of the Medical and Chirurgical Faculty of Maryland, the American Neurological Association, etc, Philadelphia : P. Blakiston, Son & Co., 1897.

The Author of the above work has taken a subject, necessarily difficult to handle and given to us not only a very readable book but one which will be recognized as an authority by his brother practitioners.

A careful study of the book will show the real excellence of the text and at once establish its high value. No division of the subject has been neglected and it is a through presentation of a common yet often misunderstood disorder. The theories advanced are logical and well substantiated by the author's clinical experience, while the findings of other men are given due attention and importance. Symptomatology and differential diagnosis will be found especially complete, this part of the book plainly showing the author's knowledge and experience. But it is the chapter on treatment which we have to commend most highly, because of its eminently practical yet scientific exposition of the best known methods.

The difficulties surrounding the satisfactory treatment of hysteria are by no means slighted, yet we cannot help but be impressed with the author's evident belief in the efficacy of proper treatment.

In every way the book is a success. The publishers have sent it out in a very presentable form and the book will unquestionably meet with much good will and praise. We heartly recommend it as a worthy product of one who evidently knows his subject.

Forth Coming Publications—Mr. W. B. Saunders, the well known Philadelphia publisher, announces the following large list of excellent works which will appear shortly—

An American Text Book of Genito-Urinary and Skin Diseases—(Including Syphilis) Edited by L. Bolton Bangs, M. D. and Wm. A Hardaway, M. D. Complete in one large octavo volume of over 1000 pages. Beautifully illustrated.

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An American Text-Book of Pathology—Edited by John Guiteras, M. D., Professor of General Pathology and of Morbid Anatomy in the University of Pennsylvania; and David Riesman, M. D., Demonstrator of Pathological Histology in the University of Pennsylvania.

An American Text-Book of Legal Medicine and Toxicology—Edited by Frederick Peterson, M. D., Clinical Professor of Mental Diseases in the Woman's Medical College, New York; Chief of Clinic, Nervous Department, College of Physicians and Surgeons, New York; and Walter S. Haines, M. D., Professor of Chemistry, Pharmacy, and Toxicology in Rush Medical College, Chicago, Illinois.

Stengel's Pathology—A Manual of Pathology. By Alfred Stengel, M. D. Instructor in Clinical Medicine. University of Pennsylvania; Physician to the Philadelphia Hospital; Professor of Clinical Medicine, Woman's Medical College; Physician to the Children's Hospital; late Pathologist to the German Hospital, Philadelphia, etc.

Church and Peterson's Nervous and Mental Diseases—Nervous and Mental Diseases. By Archibald Church, M. D., Professor of Mental Diseases and Medical Jurisprudence in the Northwestern University Medical School, Chicago; and Frederick Peterson, M. D., Clinical Professor of Mental Diseases in the Woman's Medical College, New York; Chief of Clinic, Nervous Department, College of Physicians and Surgeons, New York.

Heisler's Embryology—A Text-Book of Embryology. By John C. Heisler, M. D., Professor of Anatomy in the Medico-Chirurgical College, Philadelphia.

Kyle on the Nose and Throat—Diseases of the Nose and Throat. By D. Braden Kyle, M. D., Chief Laryngologist to St. Agnes' Hospital; Bacteriologist to the Orthopedic Hospital and Infirmary for Nervous Diseases; Instructor in Clinical Microscopy and Assistant Demonstrator of Pathology, Jefferson Medical College, Philadelphia.

Hirst's Obstetrics—A Text-Book of Obstetrics. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania.

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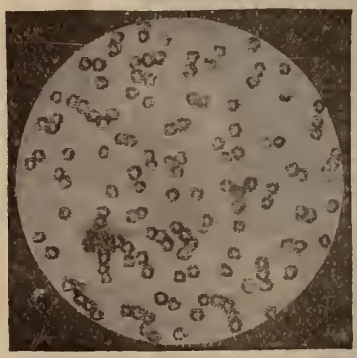
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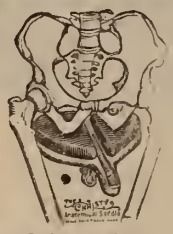
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The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society.

Vol. IV. *FEBRUARY*, 1898. No. 2

"Tuberculosis of the Young!"*

By Henry Nelson Potter, M. D., Burlington, Vt.

Mr. President, Gentlemen of the Society:

Four considerations have prompted me to choose "Tuberculosis of the Young," for the subject of my paper before this society:

First. Because of the great fatality in this disease and its unsuccessful treatment.

Second. The necessity of a comparison between this disease in early life and adult life.

Third. To call your attention to some of the forms of tuberculosis most commonly seen in children.

Fourth. To give a way whereby this disease, to a certain extent, can be prevented.

There cannot be a more interesting subject to the medical man in his profession, than tuberculosis, because of the great mortality shown in this disease, and the very unsuccessful treatment in the past, and I might also add, the present time.

Statistics prove to us that a large percentage of deaths in the human family is due to tuberculosis and that no treatment as yet

*Read before the Burlington Clinical Society, January 28, 1898.

has been successful in staying the ravages of this common disease. The young, middle-aged and the old are alike afflicted with this disease, but infantile life and early childhood are more or less exempt in certain forms, but when it invades early life the cases become interesting and a cause for such invasion cannot always be determined.

This common disease that carries to the grave thousands and hundreds of thousands of human beings every year, continues its ravages almost undisturbed by medical science, notwithstanding the many cures and remedies that have been given to the world from time to time, and it may well be asked by the world at large: "Cannot the doctors do something to check this disease?"

We generally speak of tuberculosis as a disease affecting the pulmonary organs, and a majority of cases are of that nature, but the disease, as we well know, affects other organs of the body, with less frequency, but with the same fatality, and it is very often the case when the other organs of the body are affected, that for a time at least, a diagnosis is not easily made, and thus the treatment, many times, is not for the real cause of the conditions present. While a bacteriological examination may give us knowledge regarding this disease, it does not follow that we are any more successful in the treatment. We know that the cause of tuberculosis, no matter what part of the body is affected, is due to a bacillus. Experiment has clearly shown that the introduction of the tubercle bacilli into the tissues will produce tubercles; and this must be by some special irritant properties of the bacillus. In relation to the occurence of tuberculous disease in man we have before us the question, how is it usually introduced into the system, so as to produce the numerous tubercular lesions of the bones, joints, lungs and other organs? If this cannot in every case be answered, it is in many instances sufficiently ob vious. The baccillus may enter from without through the mucous passages, of which the respiratory gives the preponderating number of instances; thus tuberculosis of the lungs follows the lodgment of the bacillus in the lung tissue. With comparative

rarity, the bacillus may enter through wounds. In most cases we must suppose a special predisposition on the part of the individual (hereditary), or of the tissue first affected (depressed vitality from inflammation), which allows the tubercle to establish itself and thrive. There are, then, four possible ways by which the tubercular bacilli may invade the body, viz: Through the respiratory tract by inhalation; partaking of food (especially liquid) contaminated by the bacilli; children nursed by a tubercular woman; and possibly by a wound becoming infected.

While we are aware of the fact that a very large percentage of tubercular cases are pulmonary, this undoubtedly applies to adult life more than to children. While I am aware of the fact that I am differing somewhat from many eminent authorities as regards the invasion by the pulmonary tract, I am none the less sure that I am not mistaken, when I class primary pulmonary tuberculosis in infancy and early childhood as not being as common a form of this disease as is generally supposed.

To be sure, autopsies upon the bodies of those who have died from this disease, almost always prove that the pulmonary organs are invaded by the bacilli, but it is so often that this lesion evidently occurs late in the disease, that we must class a fair share of the cases as being secondary in place of primary.

There is a mystery surrounding the invasion of the different organs of the body by this disease, which is very difficult to account for. When we speak of a primary and secondary form of this disease, can we clearly explain regarding them? For illustration: "Why does tuberculosis first make its appearance in the form of meningitis, and why does it not show symptoms of a general tuberculosis before becoming localized in the meninges?" "By what way can we account for a primary meningitis being manifested when it is so reasonable to suppose that other organs of the body, more exposed, should be affected first and show unmistakable symptoms of the disease?" And again: "It is not difficult to account for this disease in a pulmonary form. The bacilli may be inhaled and become attached to the mucous

lining of that tract. But when it enters the digestive tract, by what means is it assimilated? Must it not pass through the physiological act of digestion? Why does it make its appearance in the liver, mesenteric glands, spleen and other organs, with scarcely a day's general illness?"

With these remarks regarding this disease in general, I will confine myself more closely to the subject of this paper: "Tuberculosis of the Young."

When I speak of "Tuberculosis of the Young," I mean the manifestation of this disease in infancy and childhood as compared to adult or mature life.

In early life we may find the lungs, lives, kidneys, meninges, bronchial glands, mesenteric glands, peritoneum, etc., affected with tubercles, but as my time is limited, there are three tubercular diseases affecting the young that I wish to call your attention to, briefly, because they constitute a fair percentage of all tubercular diseases in early life; and are many times difficult to diagnose—tubercular meningitis, tuberculosis of the mesenteric glands and tuberculosis of the bronchial glands. There is no great difficulty in making a diagnosis of this disease in a pulmonary form in the young, but the disease is not so common as in mature life, and it is somewhat difficult to make a diagnosis of any of the other organs of the body being locally affected primarily. We may say it is not uncommon to find the joints affected in early life, but this, no doubt, follows a general or miliary form of this disease.

There is a vast difference between diseases in adult or mature and infantile and early life, for in adult life the structure of the body is complete and its functions are the same to-day as they were yesterday, while in infancy and childhood there is a continual progressive development with anatomical and physiological changes, so that when disease invades early life we are in an entirely different world of medicine and surgery. This cannot be better illustrated than in the tubercular diseases. Take for example tubercular meningitis, which is really a disease of

early life. This disease is more severe in childhood than in adult life, for all diseases affecting the nervous system are more marked and acute in their nature and course in early life ; for the same cause a headache in adult life might produce convulsions in young children. When tubercular meningitis occurs in adult life it is really secondary to the disease in other parts of the body, while in early life there may be only a few days of ill-health followed by the convulsive state.

And then in this disease the symptoms are more distinct, make their appearance with greater rapidity and the disease generally runs a more rapid course, from the first manifestations, in early life. Still with all the symptoms present, we can make a better diagnosis of tubercular meningitis upon the post-mortem table than while the patient still breathes.

Let us glance, briefly, at tuberculosis of the bronchial glands, a common disease in early life. The glands become tuberculous as a result of phthisis in adult life, but there is this occasional point of difference, that in children the glands may caseate, enlarge and even suppurate with *very little or no evidence that the lungs are involved ;* and these are especially the cases to which the name of bronchial phthisis has been given. As a result of the enlargement of these glands, they press upon surrounding parts, especially the œsophagus and trachea. If they suppurate they may discharge into one of these passages, and there is considerable danger of asphyxia in young children. It is very common for these glands to be affected in the young, *when no direct cause can be found for such a condition, the child not showing a marked strumous condition.* In early life they break down and suppurate very often, which is somewhat uncommon in mature life except as a secondary condition.

Tuberculosis of the mesenteric glands is an affection which is much more frequent in children, and may be classed as a disease of early life. The mesenteric glands undergo the same changes of tuberculization, caseation, and occasionally suppuration, as are seen in the bronchial glands. Similarly

the process may be secondary to a tubercular lesion of the intestine, namely, the tubercular ulcer, or associated with tubercular peritonitis; *but it is not infrequently, especially in young children, a primary lesion.* The glands are increased in size, and form large masses, which may become perceptible on examination of the abdomen. As a secondary result they cause chronic and tubercular peritonitis; and in the event of suppuration, the abscess may burst into the peritoneum, and set up a general acute inflammation.

There are three conditions in children, characterized by wasted limbs and a large abdomen, which are liable to be spoken of as mesenteric disease, and consumption of the bowels. They are tabes mesenterica, tubercular peritonitis and simple indigestion with diarrhœa. Of these the last is the most common; the first is comparatively rare in an uncomplicated form, though it is more frequent in association with tubercular peritonitis. The diagnosis of tabes can rarely be decided upon unless the enlarged glands are felt; and this is usually prevented by the inflated bowels. Their existence may be suspected if there is continued febrile action, and a tubercular family history, and if the symptoms persist in spite of such changes in the diet as would probably cure simple indigestion or diarrhœa.

In the three diseases that I have called special attention to, there are two that are very difficult to diagnose: tubercular meningitis and tuberculosis of the mesenteric glands. These two forms of tuberculosis evidently occur oftener in childhood than is generally supposed or diagnosed; tubercular meningitis being confounded with the other forms of meningitis, and tuberculosis of the mesenteric glands with intestinal disorders.

During the past year two interesting cases came under my observation, one of tubercular meningitis, the other a general or miliary form.

The case of meningitis occurred in a child; female, aged one year, and being nursed by the mother who had no marked symptoms of the disease but there was no doubt of an hereditary pre-

disposition, as her mother and sister had both died of the disease in a pulmonary form. The child was given cow's milk, also. The history of the case with its developments made the diagnosis reasonably sure, although no post mortem was held. The peculiarity of the case was in its changeable nature, for although the child was paralyzed from time to time this would pass away, then occur again. The child had several spells of apparent collapse but would recover. As early as the fourth day the arm and limb on the right side were paralyzed, which passed away after a few days. Then the left arm and limb were affected, which also passed away, and finally when the child died on the seventeenth day there were no signs of paralysis, no signs of convulsions. Another somewhat uncommon condition was the fact of the temperature gradually rising several days before death, instead of the sudden rise that occurs so often. The child died from failure of the heart. The other symptoms, as constipation, sunken abdomen, cerebral streak, delirium and dilated unequal pupils, were present. There were no signs of any of the other organs of the body being affected. The treatment was palliative, liquid nourishment, cold applications to the head, and a solution of the five bromides to relieve the convulsive state. The invasion of the bacilli might have been through the cow's milk partaken, or possibly through the mother's milk which was not analyzed. The question might be asked: could a child nursed at the breast contract this disease when the mother shows no symptoms of tuberculosis, although there is an hereditary predisposition.

The other case of a miliary form occurred in a boy nine years of age. The liver, mesenteric glands and the intestinal tract were affected, and finally the pulmonary organs before he died. He had first been taken with apparent kidney disease and also an affection of the liver. There was no history of tuberculosis in the family. When I saw him the liver, mesenteric glands and the intestines were affected. Under treatment he improved slightly at first, but only for a short time, and gradually succum-

bed to the disease. I left the case for a few weeks but saw it again the day before he died. A careful examination of the thoracic cavity then developed a well marked case of pulmonary tuberculosis.

In conclusion I am sorry to say I am unable to give any infallible treatment for the three tubercular diseases referred to.

In the form of meningitis we have no successful treatment as yet. The general treatment is cold applications to the head, laxatives and milk diet. Blisters are sometimes put at the back of the neck, but are of doubtful value. Iodoform ointment has been applied continuously to the shaven scalp. Iodide of potassium is often given, and the bromides to allay the pain in the head.

In the affection of the bronchial glands, the treatment must be conducted on the same principle as that of phthisis. Good food, fresh air and tonics, such as iron, iodide or syrup of iron phosphate and cod liver oil. Chloride of calcium may be tried. Local stimulants, as iodine, may be useful, and the cough and pain met by small doses of anodynes.

For the affection of the mesenteric glands, the implications of the lacteals suggest that the food should not contain too much of a fatty nature. Thus milk should be given in moderation and replaced by more abundant animal food. The effect upon the diarrhœa must be carefully watched; and this may be met with astringents such as aromatic chalk powder, Dover's powders, or dilute sulphuric acid. The same tonic remedies should be given from time to time as in bronchial phthisis; but cod liver oil is not so useful here, on account both of its fatty nature and of the diarrhœa when present. The chloride of calcium may be tried.

We might say that the many treatments of the past and of the present, the injections of antitoxins, etc., have failed. Speaking of tuberculosis in general, what then shall we do to stay the ravages of this terrible disease in its different forms? The answer is "protection" against the infection.

Protection—That places this disease among the contagious and infectious diseases under the health laws.

Protection—That quarantines, as far as possible, cases of this disease.

Protection—That compels the rigid inspection of every herd of cattle, frequently.

Protection—That compels the inspection of every drop of milk that is peddled in cities and villages.

Let this be done and there will be fewer cases of this disease and fewer death certificates written by medical men with that dreaded word "*Tuberculosis*."

Report of a Case Closely Simulating Appendicitis.

By W. G. E. Flanders, M. D., Surgeon to the Fanny Allen Hospital, Burlington, Vermont.

Mrs. B., colored, age 25, was brought to the Fanny Allen Hospital February 14, 1898, with the following history:

On the previous Wednesday was taken suddenly ill with severe pain and tenderness in the right iliac region. The pain was very acute and accompanied by nausea and vomiting. A physician, who was called in, detected a tumor at once, made the diagnosis of appendicitis and advised her to go to the hospital. On her refusal he put her on a line of treatment. The following Sunday she commenced to cough and the expectoration, which was frothy, contained some blood. Monday she yielded to the advice of her physician and was brought to the Hospital at 4 P. M. On her admission it was found that there was a pneumonia of the middle and lower lobes of the right lung. There was a marked tumor in the right iliac region, the right abdominal muscles were tense and there was severe pain and tenderness. She complained of a sense of numbness with occasional sharp pains extending down the anterior surface of the right thigh. Temperature 102, pulse 104.

Owing to the condition of her lung immediate operation was not deemed advisable and the patient was put on to salines and enemata. Her condition improved somewhat until Friday when all her symptoms grew rapidly worse. Finally, at about 10 P. M. Friday, February 18th, she was taken with a severe pain of spasmodic character, and in a few minutes radiating from a point about midway between the anterior superior spine of the right ilium and the umbilicus. This was followed by a general tympanitic condition of the bowels and rapid, bounding pulse, ranging from 130 to 160. Temperature 104 4-5, patient delirious,

covered with a cold, clammy perspiration. All this occurred within a few minutes. At this time I was telephoned for, and gave instructions to prepare the patient for immediate operation. Upon examination I found no trace of enlargement in the right iliac fossa but the bowels were so tympanitic, that I question if I should be able to detect a tumor even if it had been present. Patient was given hypodermic morphine ¼, strychnine 1-60, followed by chloroform anæsthesia. The minute that primary anæsthesia was induced, I made a three inch incision down to the peritoneum and a one inch opening in this. From this opening there flowed a small amount of pus. Upon examination I found the appendix in a normal position and condition. The right ovary, however, was very much enlarged, and from a small opening on the posterior surface pus was oozing. After guarding the intestines with pads, this opening was enlarged, cavity curretted, abdominal cavity washed out with normal salt solution, and glass drainage tube carried down to the bottom of the abscess cavity, left in position and packed in sterilized gauze. The greater part of external wound was closed by silk worm gut sutures. Operation lasted twenty minutes, and the patient was put in bed, carefully watched. Temperature in the morning following operation 99½, pulse 84, respiration rapid. She was given large quantities of strychnine hypodermically, and oxygen by inhalation was given almost constantly for forty-eight hours. After that time she improved in every way. Temperature kept gradually falling until it reached normal. At the second day following the operation only a small amount of pus was found, and at the end of one week I removed the tube, and in due time the wound closed by granulation. It could be seen from the temperature chart, that there was a decided improvement in temperature after the operation, and while the pneumonic condition was evidently increased by anæsthesia, through the prompt use of proper remedies, resolution finally set in.

The reason of success of the operation in this case, I believe is due *first*, to prompt action as soon as symptoms of per-

foration showed themselves. *Second*, to the fact that no attempt was made to remove the diseased organ at a time when the system was laboring under shock already too severe. To this last, I feel that I can credit the lives of a number of "pus cases" in which it was necessary to open the abdominal cavity, when the patient was not by any means in a good condition.

For such reasons in all such cases, I make it a rule to open the abdominal cavity freely and rapidly, furnishing free drainage. There let the case rest in the hands of Dame Nature until she has put my patient into a good condition for the completion of the operation.

If more surgeons would adopt this rule, I am sure they would be able to reduce the mortality in this class of cases very considerably.

Rooms 1, 2, 3, Y. M. C. A. Building.

Treatment of Typhoid Fever.

By J. W. Grisard, M. D., Winchester, Tenn., Member of the Middle Tennessee Medical Society; Elk Medical Association; Tenn. State Med. Association.

It is not without some embarrassment that I attempt to read before this gathering of scientific men a paper on this much vexed question, "The Treatment of Typhoid Fever," a question that has perplexed the ablest men of the profession for generations; that has baffled the labors and experiments of the most profound therapeutists; a question in the solution of which have been tried almost all the remedies of the pharmacopœia, and which is to-day as unsettled as it was the day that Louis made known to the world its pathology. Since the day that Gerhardt gave to the profession a more accurate understanding of this malady, ever and anon some new remedy or treatment has been heralded by the medical press as the most rational and successful, only to be tried and abandoned. Do you wonder, then, that I should hesitate? Or are you not surprised, rather, that I should have the temerity to undertake the solution of a subject which has so baffled the researches and labors of others incomparably more able, and with infinitely superior opportunities for investigation? Long ago I was tempted to write on this question, believing that I had learned a truth the world ought to know (for which I am largely indebted to Dr. Wm. McLaughlin, of Lincoln county, now deceased) that might be the means of saving many lives if adopted. But the fear of criticism, together with the thought that I must stand before you unsupported by statistics or the testimony of learned men, has hitherto deterred me, and only the labors and investigations of scientific men of recent years

have made it possible for me to write an article backed by testimony other than my own experience, by which I might hope to carry conviction to the mind of some. I do not remember a single writer who endorses the views I shall endeavor to set before you to-day, yet I am fully convinced of their truth myself, and as

> "Truth owes its high prerogatives to none,
> And shines for all as shines the blessed sun,
> And shines on all who do not shut it out
> By dungeon doors of unbelief and doubt,"

I will tell you what I think I have learned about the treatment of typhoid fever in a practice of nearly twenty-five years.

If I am correct in my judgment of these meetings, they are experience meetings, in which each one who attempts to speak is expected to tell something which he thinks he has learned at the bedside, and to give a reason for the faith that is in him.

The history, causes, etc., of typhoid fever being well known, I will refer only briefly to the morbid anatomy, that I may get before you clearly the method of treatment I have pursued. Of the lesions peculiar to typhoid fever the most important are the changes which occur in the intestinal glands, chiefly the agminated and solitary glands. The typhoid bacillus, granting that this is the cause, seems to have the faculty of alighting on these glands and exciting in them inflammatory action, passing through the different stages of congestion, necrosis, ulceration and cicatrization. I believe that the entire work of destruction is begun, carried on and completed in these glands; that in them the inflammatory action is engendered, the bacilli multiplied, their toxines generated, and that both baccilli and toxines enter the lymph channels by absorption. Just why the bacilli have a special affinity for these glands I presume no one knows, and I cannot think of even a probable cause, unless it be that the fluid contained in the interstices of the anastomosing filaments or framework of the capsule is a suitable culture medium for the generation of the bacilli. Certain it is, however, that these glands are the starting point in the development of typhoid fever in nearly if not quite all cases. In proof of this I would cite the

testimony of Klebs, who says the bacilli are found first in the intestine, and with this, I believe, agrees the testimony of Eberth and Wernich. True that later in the disease masses of bacilli may be found in every part of the human body, but it is not so in the beginning, and the thought I would emphasize is that the intestinal glands are the starting point. The severity of symptoms corresponds exactly with the quantity of bacilli. If, therefore, this be true, what is manifestly the most rational and the most scientific treatment? Certainly to limit, as far as possible, inflammatory action in these glands, and thereby limit the multiplication of the bacilli, and of course limit the amount of toxines generated. How, then, can this best be accomplished? By carrying out the principle of rest so ably advocated by Hilton, not in the treatment of typhoid fever especially, but of all other diseases. Indeed, the medical profession had recognized this principle long before Hilton wrote, especially in the field of surgery. In treating a broken limb the surgeon endeavors to secure perfect rest of the parts, that the forces of nature may be assisted, as far as possible, in healing the lesion.

Likewise in the treatment of pneumonia and valvular lesions of the heart, it is our constant endeavor to relieve the heart and lungs of excessive work by limiting the number of heart beats and the number of respirations, believing we thereby place our patients under the most favorable conditions possible for recovery. And so I may say this principle is acted upon in the treatment of almost every disease. Then why reverse this principle in the treatment of typhoid fever? I can see no reason for so doing, but on the contrary, when called to treat a case of typhoid fever, after first clearing out the alimentary canal, which I generally do with calomel and castor oil, I endeavor to control peristalsis of the bowel with opium, and thereby, as near as possible, secure perfect rest to the inflamed glands.

Pepper, in his system of medicine, while not advocating this principle, yet in speaking of the effects of opium in the diarrhœa of typhoid fever, says that "by means of it the bowels

may be kept as free from movement as if placed in splints." I do not find this so easy to accomplish in some cases without giving an amount of opium that I would be afraid might produce narcotism; therefore to accomplish this result I am sometimes forced so resort to the combination of lead and opium, or sulph. of copper and opium, or bismuth with listerine, etc. But I am indefatigable in my efforts to arrest peristalsis, and when I have accomplished this end I feel that my patient is placed in the best condition possible for recovery. Besides controlling peristalsis, opium is the best agent at our command for controlling the reflex nervous disturbances of typhoid fever, such as delirium, insomnia, etc.; then it promotes diaphoresis, thereby reducing fever; it husbands the strength through a limited oxidation of the tissues and lessening of the destructive processes of metabolism.

But, says one, in arresting peristalsis you produce constipation, and that would never do in the world, as you would shut up in the alimentary canal the bacilli with all the toxines, and your patient would be sure to be poisoned and die. The best answer I can make to one who has such fears is, just try it and see.

As before stated, my effort is to control peristalsis, and not to produce constipation, but since peristaltic action cannot be arrested without producing constipation, the problem of a proper diet for a patient under these circumstances must be solved, a diet nutritious, easily digested, and that will be nearly entirely absorbed, leaving little residue in the alimentary canal, thereby allowing constipation for days at a time without detriment, is desirable. Experience has taught me that all these indications are perfectly fulfilled in sweet milk, containing as it does the three elements necessary, albumen, fat and carbonhydrates. It is more nutritious, more easily digested and more perfectly absorbed, leaving the least residue favorable to the culture of microbes. I therefore confine my patients strictly to a milk diet, and allow them plenty of cold water to drink, even insist upon their drinking it, that the kidneys may be flushed and the nitro-

genous elements of the body carried off in this way, with perhaps an amount of the toxines of the disease. By so doing I can and do confine the bowels from six to twelve days, owing to the progress of the case. In a case of ordinary severity that has not manifested very great irritability of bowels, I move the bowels about once a week with an enema of warm water, and in others of greater severity, the bowels having been hard to control, and with great tympany, I have often confined the bowels ten or twelve days at a time. Of course I endeavor to combat symptoms as they arise, support a failing circulation with stimulants, i. e., whiskey together with some of the many cardiac stimulants, tympanitis, with turpentine stupes, poultices, etc., and oftentimes when the tongue becomes dry, brown and cracked, I give turpentine internally. I endeavor to have the attendants also observe the strictest cleanliness as regards the patient, frequently changing the body linen and bedding, and sponging the patient frequently, when fever is highest, with tepid or moderately cold water.

Now, this is the treatment which I have followed for the period of about twenty-five years, and what the result? Unfortunately, I have kept no statistics of cases treated, and have had the further misfortune to have my account books burned only a few years ago, by reference to which I would be able to give the number of cases with results. Suffice it, however, to say that my success has been such as to gain for me some local reputation in the treatment of typhoid fever, and no statistics that I have seen of the Brandt system or any other except the Woodbridge (as given by himself) can show as large a percentage of recoveries as I have had under this system of treatment. I remember that up to last year, when I was induced to try the Woodbridge treatment in eleven cases, I had lost but two male patients with typhoid fever, and I suppose I had treated annually ten to fifteen or twenty cases, male and female. I have lost more female patients than that. The number I am not able to state, but it has been my experience that females do not stand typhoid fever

as well as males. As remarked before, I was induced to turn aside last year and give the Woodbridge treatment trial in eleven cases, with the result of losing three out of the eleven, two of them being men. I wrote to Dr. Woodbridge and told him that in following his treatment I had spoiled the reputation I had made for twenty-five years; told him exactly how I had given the medicine in each case, and treatment was begun in their very incipiency. In his reply to my letter he said he could not understand it, that I had certainly administered remedies properly, and that there must be something wrong with the remedies; yet I had given P. D. & Co.'s medicines, the pharmacists he recommends in his book. So much for the antiseptic treatment.

Now, to turn to my own treatment, I repeat that my success has been phenomenal, and I for many years was inclined to believe that the entire good was the result of controlling peristalsis, thereby limiting inflammation in the intestinal glands. But only last year an article appeared in the *New Albany Medical Journal* by Dr. John Ford Barbour, neurologist of the Louisville city hospital, in which he quotes extensively from the works of Debove and Renault and from Nathnagel's recent work concerning milk as a diet in the treatment of various intestinal disorders. From Debove and Renault he quotes: "It is an important fact to bear in mind in the treatment of the intestinal diseases, both in children and in adults, that the exclusive milk diet, preferably sterilized milk, is the best agent at our command for promoting intestinal antisepsis. He again translates MM. Gilbert and Dominici who communicated to the Society of Biology (meeting March 17, 1894,) their researches upon the antiseptic action of milk in the digestive tube. In man, as well as in animals, they have found a considerable diminution in the number of microbes in the fecal matter under the influence of the milk diet. In place of 67,000 microbes to the milligramme of fecal matter at the beginning of their experiments they did not find more than 14,000 on the second day, 5,000 on the third, 4,000 on the

fourth and 2,500 on the fifth. Milk leaves little residue favorable to the culture of micro-organisms, and according to Richet the formation of lactic acid in quantity promotes a veritable sterilization of the gastro-intestinal contents. This is a much better showing than is made by the so-called intestinal antiseptics which one hears so much about nowadays.

Again he quotes from Nathnagel: "Stern, to whom we owe his own experiments with calomel, salol, napthalin, betanapthol and camphor and a critical discussion of the results of others, comes to the conclusion that intestinal disinfection is a hitherto unsolved problem." With these agents the number of intestinal bacteria is not materially diminished, much less reduced to nil. So without knowing it I have been following the only true antiseptic method of treatment, and doubtless to this fact as much as the controlling of peristalsis is due the success I have achieved. To those alarmists who would cry out against this system of treatment on the ground of locking up within the intestinal canal the toxines of the disease, I would call attention to the fact that all medical writers of any note known to me warn against purgation in this disease, thereby showing clearly that they recognize danger in that direction. A few have even had glimpses of the truth that nature has endeavored to teach mankind, as revealed to us in the occasional cases of constipation that occur in typhoid fever.

At the last meeting of the State society, in a discussion following a paper read by Dr. Clary, of Bellbuckle, on the Brandt system of treatment in typhoid fever and published in the transactions of the society, Dr. Witherspoon said: "In typhoid fever I do not believe in disturbing the bowels any more than I can help, moving them with a simple enema every three or four days." Then he propounds this question: "I would like to ask the members here to-night how many cases of constipated typhoid fever they have seen die, and then I would like to know how many cases of profuse diarrhœa in typhoid fever in their experience." Again I quote from Dr. Deering J. Roberts in the

same discussion: "I feel like whistling when my patient needs a purgative, and I usually wait another day. If they do not move then I still wait another day. I do not see them die from constipation, but I have seen them die from frequent alvine evacuations." In the light of the experience of the above named gentlemen, why could they not answer the query of Dr. Nowlin in the same discussion when he said, "If constipation is a thing to be desired in these cases, Mr. President, and diarrhœa is injurious, why not give an astringent, a sedative to the peristaltic action of the bowels to produce constipation?" But he says the gentlemen do not recommend that. With an experience of twenty-five years to back me, I feel competent to answer this query of Dr. Nowlin, and I would say, "Yes, Doctor, by all means lock up the bowels and throw the key away and your patients will get well."

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EDITORIALS.

The Quality of Professional Success.

It is a pretty well established fact that the position a man holds in life is the one for which he is best fitted. Exceptions unquestionably present themselves from time to time, but the general rule is that a man who is capable of something better will achieve it sooner or later, no matter how low he may be in the social scale nor how poor his surroundings. Luck, the patron saint of fools and knaves, never directs the way of a worthy man,

and the analysis of a successful life, in the full meaning of the word, invariably shows a definite relation between cause and effect.

One of the fundamental elements in the causation of success is ambition, the unwavering desire for something better and higher. Without it nothing is obtainable; with it all things are possible. But granting the importance of ambition, the attainment of the object of one's desire entails far more than the mere possession of that desire.

Energy and honest work must correlate any ambition for success, or it will ever remain as intangible and unreal as a dream. Our successes are always meted out to us in the exact measure of our own efforts and those who pass through life eagerly waiting for greatness to be thrust upon them, or who stand day in and day out with listening ear, harkening for the call of Fame, are inevitably doomed to go down to the grave unsought and uncalled.

The waiting-for-something-to-turn-up business of all branches of industry probably pays the smallest dividends, and the honest man, who scorns the getting of something for nothing, never engages in it. He realizes that he must throw all his energies into the pursuit of his ambition, and at the same time render himself capable of fulfilling whatever obligations may be entailed in its possession, or his life will be a failure.

All these things apply with particular force to the medical man. Each and every one of us as we leave our Alma Mater are imbued with a heartfelt desire to achieve greatness in our chosen field. A few years in the practice of medicine either increases our ambition or crushes it out forever. Of the small minority whose ambitions are increased, by far the greatest number strive to attain the coveted goal of their desires by wire-pulling and intrigue;—and they are never satisfied with what they get. A few, alas a very few, plod on while others sleep, developing themselves and letting their work speak for itself. Such men are sooner or later bound to emerge from obscurity and in due time become the Jenner, the Sims, the Virchow, the Lister,

or the Osler of medical science. It is extremely probable that these giants of medicine had no greater ambition than thousands of others, but they did have the capacity of working their way up to a success which is enduring because of its quality. Their lives, when compared with those of their wire-pulling confreres well exemplify the old fable of the hare and the tortoise.

So it is then that the successes of truly great men carry with them valuable lessons for the multitude, teaching as they do that the quality of success far more than the quantity is the expression of the man and the nature of his work. Men may fool themselves in the estimate of their own greatness, but public opinion never appraises them for more than they are actually worth. A doctor may have hospital positions galore, be professor in several colleges and hold any number of medical appointments, but he must have something more—real worth, or the public will respect and trust him less a hundred times than his humbler brother, who, though a plain man without emolument or office, is after all the most successful because the quality of his success is the confidence of the people.

MEDICAL ABSTRACTS.

Seidlitz Powder After Anesthesia.—In a discussion of the management of patients before laparotomy, which topic was recently before the New York Medico Surgical Society, and is reported in the *Medical Record* of January 2, 1898, Dr. A. P. Dudley considered that a week was too long in keeping a patient in dreary expectation in preparing for the operation. In his opinion four days was long enough, providing the surgeon was already familiar with the constitution of the patient. He preferred compound cathartic pills to calomel. He operated in the morning, if possible, and allowed the patient no food after the previous night. Strychnine, two or three days before the operation was enough to stimulate the patient beforehand. As the patient came out of the ether, he began the administration of salines in hot water. He mentioned that recently he had given sixteen Seidlitz powders in twenty-four hours without the slightest disturbance or rise of temperature. His object in this was to give something for the patient to vomit should vomiting occur and also because he did not want the gut to remain long in one position. In either were intestinal surfaces liable to form adhesions. He did not believe in intestinal paresis. This free use of salines did not purge to excess but it kept the contents of the small intestine moving. Should the bowels not move after twenty-four hours, he placed the patient in Sims' position and gave enema of two ounces each of glycerine and sweet oil and two drachms of turpentine. Patients' movements were not restricted, but their change of position in bed was favored. Codeine was preferred to morphine, where such a drug was indicated. Practically all those who took part in the discussion spoke highly of the use of strychnine before operation.—*Columbus Med. Journal.*

Puerperal Eclampsia.—Wiggins, in the *London Lancet*, says of puerperal eclampsia: "I believe that given a case of puerperal eclapnsia a successful result is to be expected if twelve to twenty-four leeches can be applied over the renal region soon after the commencement of fits. Whether the local depletion has some powerful counter-irritant effect in the modification or abolition of the convulsions I am not in a position to say, but the fact remains that in the cases I have seen the issue has always been successful."—*Pacific Med. Journal.*

Formaldehyde in the Treatment of Burns.—*The New York Medical Journal* quotes from a French medical journal concerning formaldehyde for burns, as follows: "Formaldehyde gives excellent results in the treatment of burns. Compresses soaked in a ten per cent. solution are applied. It is said that in twenty minutes all the pain ceases and that continued renewals of the application cause all traces of the burn to disappear so that not the slightest redness is left. We take it that the author of these statements had in mind burns of only moderate severity."—*Med. and Surg. Bulletin.*

The Trachoma Bacillus.—Dr. Leopold Mueller (*Wien. klin. Wochen.*, No. 42, 1897) has succeeded in cultivating a bacillus which he obtained from the conjunctival secretion of patients affected with trachoma. It is a minute rod-shaped bacillus, growing only on blood-serum. Out of fifteen cases of trachoma, the bacillus was found in twelve, and it could also be demonstrated in dry cover-glass preparations and in sections of the conjunctiva. In all other varieties of conjunctivitis the bacillus could not be found.—*Am. Med. Surg. Bulletin.*

Fistula.—Operate upon all cases of fistula where there is sufficient vitality or nutrition to heal the wound. Always divide the fibrous membrane at the bottom of the tract, and pack the wound to the bottom for the purpose of healing by granulation.

Always open abscesses early to prevent fistula in ano.

If you operate on a fistula in a tuberculous patient, give him the benefit of the doubt.

Never fail to examine patients thoroughly for small arms leading out from the main tract, and for an associate stricture, which may be the cause of the fistulous tract.

Never cut the sphincter more than once in an operation, and be careful and warn the patient of the danger of incontinence.

Confine the patient in bed, not trusting to the care of the nurse exclusively. Tuberculous cases should be an exception to the rule; give them moderate exercise and fresh air.

Physiologic rest is the first principle in the cure of all disease.

In all operations involving the rectum it is good surgery to dilate the spinchter.

All cases of fistula in ano should be operated upon, and best by the knife, except in cases of Bright's disease, cancer, cardiac and hepatic affections.—*Med. and Surg. Reporter.*

Headaches—Headaches, if due to pelvic disturbances in the female, are usually located at the top of the head and are accompanied by soreness of the scalp; if due to digestive disturbances, they are occipital or frontal; if to disease of the pharynx, they involve the entire vault as though the pharynx were expanded and extended upward; if due to migraine, they are usually one-sided, local, and accompanied by soreness at the supraorbital foramen; if to eye-strain, generally supercilliary or frontal, sometimes occipital; if to disease of the nares, between the eyes and extending backwards. Dercum.—*Medical Record.*

Pharyngeal Adenoids—Dr. Eustace Smith (*Lancet*) says that naso-pharyngeal adenoid growths are common in infancy as well as in childhood, and may even be present at birth. At this early age it is uncommon for them to give rise to the ordinary symptoms of nasal obstructions. Such growths should always be suspected if the infant's nose be broad at the bridge and faintly dimpled on each side at the upper border of the inferior lateral cartilage, and especially if there be noticed any retraction in the inferior region of the thorax. Persistent snuffing in infants is no sign of syphilis in the absence of other symptoms, but rather of adenoids.—*Buffalo Med. Jour.*

Preliminary Announcement of Annual Meeting—The adjournment of the New Hampshire Society to May 30 and 31, 1898, necessitates a change of date, as May 30th is a holiday (Memorial Day); therefore, the Annual Meeting will be holden in this city, May 26 and 27, 1898. Per order the Executive Committee. G. P. CONN, M. D., Sec'y.

Anaesthesia for Children—Farquhar, in the Post Graduate, says as that children are not very sensitive to pain, and can easily be held still, the amount of the anæsthetic used may be much less in proportion than in the adult. But really severe pain will cause the pulse to fail, and care must be taken not to be too sparing of the anæsthetic in such cases. The choice of anæsthetic is not important except where it is probable that a bronchitis such as is apt to follow ether would be exceptionally dangerous, in which case chloroform is preferable. Chloroform is excellent for cases where short or slight anæsthesia is desired, and also when the large ether cone is in the way and complete exclusion of air is difficult because the operation is performed on the mouth or nose, as chloroform can be given on a small cloth and does not require exclusion of air. Ether is, however, the anæsthetic in general use, aud we only occasionally find it objectionable.

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Physician to the Holy Apostolic Palaces,
The Vatican, Rome.

September 1, 1897.

BOOK REVIEWS.

Outlines of Rural Hygiene—For Physicians, Students, and Sanatarians. By Harvey B. Bashore, M. D., Inspector for the State Board of Health of Pennsylvania. With an Appendix on The Normal Distribution of Chlorine by Prof. Herbert E. Smith of Yale University. Illustrated with Twenty (20) Engravings. 5½x8 inches. Pages vi-84. Extra Cloth, 75 cents net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty Second St., New York City; 9 Lakeside Building, 218-220 S. Clark St , Chicago, Ill.

This is a book well adapted for the use of students of medicine who anticipate practicing their profession in the country. Every medical man should hold himself in readiness at all times to serve his town in a professional capacity; and thorough acquaintance with this little book will give him such knowledge as will enable him to best discharge the duties of health officer or member of health committee. It is practical, and though small, is yet complete in every respect. Every detail is scientifically demonstrated and founded not so much on theory as on practical experience. It will adequately meet the demand for a brief, yet complete treatise on rural hygiene. The excellent appendix on *The Normal Distribution of Chlorine* adds to the high value of the book.

The Care and Feeding of Children. A Catechism for the Use of Mothers and Children's Nurses. By L. Emmet Holt, M. D., Professor Diseases of Children in the New York Polyclinic, Attending Physician to the Babies' Hospital and the Nursery and Child's Hospital, New York. Second Edition, Revised and Enlarged. New York: D. Appleton and Company. 1897.

This little book is sent out on a very laudable errand, and every one who appreciates the appaling mortality of young children directly traceable to dietetic errors, will wish it Godspeed. The author, who personally has done much for humanity, by emphasizing the importance of a proper dietary for infants and children, is to be congratulated on the eminent practicability and success of this little work. It should be in the hands of

every nurse as well as every mother, and thoroughly studied by them. It is arranged nicely and printed in a highly artistic manner. The text, it is needless to say, is in accordance with the most modern teachings and research.

Elements of Latin. For Students of Medicine and Pharmacy. By George D. Crothers, A. M., M. D., Teacher of Latin and Greek in the St. Joseph (Mo.) High School; Formerly Professor of Latin and Greek in the University of Omaha; and Hiram H. Bice, A. M., Instructor in Latin and Greek in the Boys' High School of New York City. 5¼x7¼ inches. Pages xii-242. Flexible Cloth, $1.25 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-Second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

For centuries Latin has been the common language of scientific men, and no line of study has been more closely associated with this universal language than medicine. Accordingly general opinion has established the idea that a thorough knowledge of Latin was essential before taking up the study of medicine. That this is not so requires no argument, for thousands of successful medical men never knew a word of Latin before entering medical college. But it is an indisputable fact that the knowledge of even a little Latin will prove a vast aid to the medical student and give him a decided advantage over his less fortunate college mate who knows none at all.

Therefore we would advise every young man who contemplates the study of medicine, to possess this excellent book and master it before entering college. It will give him all the Latin he needs and in such a comprehensive way that he will be able to accomplish much more with less labor.

ANNOUNCEMENT.

In addition to the large list of forthcoming works which we published last month, Mr. Saunders announces the early appearance of an English edition of Lehmann's famous Hand Atlases. Each volume contains 50 to 100 colored plates besides numerous other illustrations throughout. They will unquestionably be received with much favor by English speaking medical men.

The following volumes are in active preparation and will be issued at an early date:

Atlas of Internal Medicine and Clinical Diagnosis. By Dr. Chr. Jakob, of Erlangen. Edited by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic; Attending Physician to the Philadelphia Hospital. 68 colored plates, and 64 illustrations in the text.

Atlas of Legal Medicine. By Dr. E. R. von Hofmann, of Vienna. Edited by Frederick Peterson, M. D., Clinical Professor of Mental Diseases,

Woman's Medical College, New York; Chief of Clinic, Nervous Dept., College of Physicians and Surgeons, New York. With 120 colored figures on 56 plates, and 193 beautiful half-tone illustrations.

Atlas of Operative Surgery. By Dr. O. Zuckerkandl, of Vienna. Edited by J. Chalmers DaCosta, M. D., Clinical Professor of Surgery, Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital. With 24 colored plates, and 217 illustrations in the text.

Atlas of Laryngology. By Dr. L. Grunwald, of Munich. With 107 colored figures on 44 plates; 25 black-and-white illustrations.

Atlas of External Diseases of the Eye. By Dr. O. Haab, of Zurich. Edited by G. E. de Schweinitz, M. D., Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 100 colored illustrations.

Atlas of Venereal Diseases. By Dr. Karl Kopp, of Munich. Edited by L. Bolton Bangs, M. D., late Professor of Genito-Urinary and Venereal Diseases, New York Post-Graduate Medical School and Hospital. With 63 colored illustrations.

Atlas of Skin Diseases. By Dr. Karl Kopp, of Munich. With 90 colored and 17 black-and-white illustrations.

PUBLISHERS DEPARTMENT.

Neurectomy for Tic-Douloureux—Bernays' "Report of a surgical Clinic," complimentary to the members of the Mississippi Valley Medical Association, contains the following, in reference to his patient's condition and treatment before neurectomy for tic-douloureux was decided upon:

"Case V.—The patient, aet. 50, white, female. Family history: Has one sister who suffered from emotional insanity; otherwise the family history is good. Previous health excellent. The present trouble began with a severe neuralgic toothache, localized in the right lower molars. Paroxysms of pain were of daily occurrence, and most severe in the mornings about breakfast time. The pain subsided temporarily whenever the teeth were pressed firmly together or upon any substance held between them, but only to return when the pressure was withdrawn. The presence of anything cold in the mouth immediately produced the most exquisite pain moderate heat produced a soothing effect. After two months the pain became continuous, and four molars were extracted without in any way relieving it. On the contrary, the pain increased in severity until October, when it ceased entirely for a period of two weeks, and then returned as

severely as before. Another tooth was sacrificed, but without relief; the pain became continuous until last June, when it again subsided for a period of six weeks. A recurrence then took place together with an involment of the parts supplied by the second branch of the fifth nerve. Pain has been constant until the operation. She had strenuously avoided the use of narcotics, but during the more active periods of pain, antikamnia in ten grain doses was found to be an efficacious obtunder." After describing the neurectomy, Prof. Bernays says: "Eight weeks have now elapsed since the operation, and no recurrence of the trouble has taken place."

A Perfect Co-Adjuvant—Physicians should not forget that no matter what their preference may be as to the form in which milk should be used for their patients and the babies under their care, whether it is modified, sterilized, pasteurized, peptonized, treated by some other method, or natural, they can always depend on the perfect co-adjuvancy of that unrivalled dietetic preparation, Imperial Granum. Many years of successful clinical experience having proved this combination of nutriments to be acceptable to the palate and also to the most delicate stomach at all periods of life, being in many cases retained and assimilated when everything else is rejected, though in very extreme cases the Imperial Granum is often prepared with pure water only.

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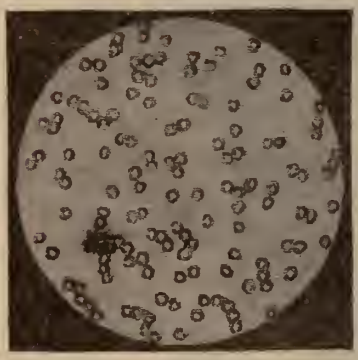
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Fig. 2.

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The Vermont Medical Monthly.

BURLINGTON, VERMONT.

Pneumonia Following La Grippe.

BY M. E. CHARTIER,

Docteur en Medecine de la Faculte de Medecine de Paris, Membre Correspondant etranger de la Grande Encyclopedie, Section de Philologie.

As a ruie certain diseases prove more fatai, not only in given districts, but during certain periods of time, along particular arcas of territory. We have La Grippe, decreasing in intensity for the present; it has been replaced by pneumonia, which is not only raging in the United States, but in European countries. The bacteriologists will have to explain this fact; the truth remains however, that the mortality from pneumonia in its various forms is now far in excess of any previous record.

Twenty years ago, and preceding the re-appearanee of La Grippe in its epidemie form, pneumonia proved as dangerous as it does at the present time. Many cases feli under my personai observation, and I must admit that my Parisian confreres were at a loss, not for a remedy for the disease alone, but even for a logical line of treatment. Dujardin-Beaumetz became so skepticai that he prescribed stimulants, regardless of therapeuticai conditions. The mortaiity in his ward at the Hotei Dieu proved that his patients fared no worse than the others submitted to the antiphlogistic remedies then en vogue.

At that time, I advocated in my treatise on therapy, the administration of sulphate of codeine in two to five centigrammes doses—one-fourth to one-half grain. Codeine is the only remedy known to me possessing a marked and distinct effect upon the hypersecretions of the bronchial mucous membrane. What I then wished was an analgesic possessing antipyretic properties, which I could safely use. This I have since found in antikamnia and I believe it can be exhibited safely, especially on account of its not having a depressing effect on the cardiac system.

Experimental doses of from one-half to one gramme—seven to fifteen grains—of antikamnia administered under ordinary conditions did not develop any untoward after-effect. The following trace, taken with the sphygmograph was made ten minutes after the administration of one gramme—fifteen grains—of antikamnia.



Pulse, 112. Temp., 101 1-5 Fahr.

The above trace shows plainly that unlike other coal-tar products, antikamnia has a stimulating effect upon the circulation. In this particular case the temperature was sensibly reduced—102° to 101 1-5°. The analgesic effect of the drug was satisfactory.

My conclusion is that in the treatment of pneumonia, antikamnia is indicated as a necessary adjunct to codeine, on account of its analgesic and antipyretic properties and particularly because it acts as a tonic upon the nerve centres. The tablets of antikamnia and codeine containing four and three-quarter grains antikamnia and one-fourth grain sulphate of codeine, to my mind, present these two remedies in the most desirable form. I also find one tablet every hour, allowed to dissolve slowly in the mouth, almost a specific for the irritating cough so often met with in these complications. For general internal medication, it is always best to crush the tablets before administration.

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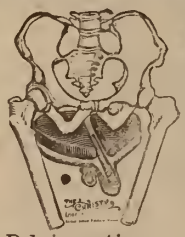
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Cancer of the Uterus.*

By John B. Wheeler, M. D., Burlington, Vt.

Mr. President and Members of the Vermont State Medical Society:

It is not with the expectation of adding to your stock of information that I have chosen a subject so familiar to us all. No attempt, therefore, will be made to enter into an exhaustive dissertation on uterine cancer. My aim is merely to show how much can be done towards its radical cure, by the employment of the proper means *at the proper time.* But before speaking of the results obtained by modern methods of treatment, it will be necessary to call your attention to certain tolerably well-known facts in the natural history of the disease, such as its frequent occurrence, its insidiousness, the period of life at which it is most common and some of its exciting causes.

I. *Frequency.* Of all parts of the body, the uterus is the one most frequently attacked by cancer. Few of us, I think, realize how often cancer is found in the uterus.

According to the statistics of Schroeder, based on an examination of over 20,000 cases, from 2 to 3½ per cent of all uterine diseases are cancerous, while of all cancers in women, one-third are cancers of the uterus. Emmet's investigations, in this

*Read before the 84th Annual Meeting of the Vt. State Medical Society.

country, give practically the same results, and Warren, in his Surgical Pathology, says that in the order of their liability to develop cancer, the uterus comes first of all the organs, the stomach second and the breast third.

II. *Insidiousness.* The onset of uterine cancer is generally insidious. In many cases, the classical symptoms of pain, hemorrhage and fetid discharge do not appear until the disease has made considerable progress. They are apt to be preceded by a slight and watery, but persistent uterine discharge, which often is a little bloody. This discharge is so insignificant that it often fails to attract notice. Sometimes the first symptom observed is a slight hemorrhage after coitus. In cases like these, if an examination is made, an erosion of the cervix will generally be found, which except for some elevation of the edges, looks like a benign erosion, but does not heal under treatment. Microscopic examination of a section taken from such a cervix will often show the beginning of malignant disease, or if the microscope is not employed, the subsequent course of events confirms the suspicion of malignancy which should always arise when we have to deal with an erosion which obstinately resists treatment.

In some cases the disease progresses much farther than this before there are any symptoms other than those mentioned above. Last winter I operated on a desperate case in which, until two weeks before the operation, there had been no symptoms whatever except a slight discharge which had lasted six or eight months, but was odorless and not even bloody until the last month, when it was slightly tinged. The symptom which finally called attention to the trouble was severe pain in back, groins and bladder, which began only two weeks before I saw the patient and operated on her. The bladder, rectum and ureters were all involved in the growth and the advanced condition of the disease rendered the operation so severe that the patient died of shock. And yet, until two weeks before the operation, she was apparently an uncommonly strong and healthy woman, with no sign of trouble except a trifling leucorrhœa. If, when

this symptom first appeared, an examination had been made and the true state of the case ascertained, a hysterectomy could have been done which would have been easy and safe in comparison with the one which *was* done, and in all probability would have saved the patient's life.

III. *Occurrence at the Menopause.* The frequency with which uterine cancer occurs at the menopause, is another well-known, but not properly appreciated fact to which I wish to allude. The number of cases in women between the ages of 40 and 50 is much greater than in any other decade of female life, while more than 60 per cent of all cases of cancer of the uterus occur between the ages of 40 and 60. My reason for saying that this fact is not properly appreciated, is that physicians are so apt to attribute any uterine hæmorrhage which occurs within ten years of a woman's 50th birthday, to her "change of life," and to "let it go at that," instead of remembering that uterine cancer is a very common disease, commoner at the menopause than at any other time, and examining to see whether they have not got such a case to deal with. The tendency to make a scapegoat of the menopause has allowed many a cancer which, unlike the case lately referred to, has bled freely from the first, to develop into an utterly hopeless condition, because the doctor kept talking about the "change of life" instead of looking to see what the matter was.

IV. *Cervical Laceration as an Exciting Cause of Cancer.* Notwithstanding the incessant researches of pathologists into the origin of malignant disease, the original cause of cancer of the uterus has not yet been determined. Of the different causes which are thought to favor its occurrence, such as age, heredity, child-bearing, cervical erosions and lacerations, it is my purpose to speak only of the latter, as giving us a hint toward the prevention of the disease.

Authorities agree that laceration of the cervix, with its accompanying erosions and endo-cervicitis, is perhaps the most frequent exciting cause of cancer of the uterus, although few go

as far as Emmet, who seems to consider laceration a factor in the production of every case of the disease. It is, nevertheless, an undeniable fact that even epithelioma of the cervix has been known to occur in women who have never been pregnant. Such cases, however, are extremely rare. But it is a common experience to find that uterine cancer, when it occurs in a woman under forty years of age, springs from the exuberant granulations of an unhealed laceration of the cervix, and still commoner to find that, at the menopause, an epithelial growth has implanted itself upon a cervical laceration, in accordance with the tendency of epithelioma to develop in tissue which is undergoing a retrograde metamorphosis. The moral of this is clear, namely, that if we promptly and properly repair cervical lacerations, we can at least materially lessen the chances of the subsequent development of cancer.

The only method of treatment which offers any prospect of cure of cancer of the uterus is hysterectomy. This operation, at first a forlorn hope, undertaken only on account of the certain and horrible death in which cancer ends if left to itself, has gradually, through improved technique and selection of cases, increased its cure rate and diminished its mortality rate until we are perfectly justified in recommending it to patients in early stages of the disease. For such patients there is a good prospect of a comfortable prolongation of life, a fair prospect of radical cure and but slight danger to life from the operation itself. Instead of the old mortality rate of 25 or 30 per cent, the most successful operator (Jacobs of Brussells), nowadays loses only 2.9 per cent of his hysterectomies, while the results in the hands of good operators generally average about 6 per cent of deaths. As regards the question of return of the disease, we have, instead of the certain recurrence of former days, numerous series of cases reported by different writers in which the percentage of cures three years after operation varies from 16 per cent in a series compiled from the work of a number of operations (Warren's Surgical Pathology), to 95 per cent in the work of one

man, Leopold. Even if the lowest of these figures represented the best results for which we could hope, an operation which will cure 16 per cent of cases of such a disease as uterine cancer, is certainly well worth trying.

To the general practitioner, the important practical point regarding the modern results of hysterectomy for cancer is, that they are due, not merely to improved technique, but in large measure to early recognition of the disease and prompt operation. The earlier the operation is done, the safer it is and the better are the chances of radical cure. When the cancer has begun to infiltrate the periuterine tissues, the best that can generally be hoped for is some prolongation of life and temporary relief from suffering. But if the malignant growth has had no time to get beyond the cervix, then the prospect of radical cure is bright. It is because this truth is becoming generally recognized that the modern statistics of cure are possible.

To sum up. We have in cancer of the uterus a frequent and most fatal disease, whose occurrence, in a certain number of cases, can be prevented by the removal of the commonest of its exciting causes and whose existence, if recognized early enough, can in many cases be terminated by modern surgical methods. Let me, then, urge upon every member of this Society, the importance of care and attention in these matters. Don't let your cervical lacerations go unrepaired, and thus encourage the development of cancer in your patients. Don't ascribe every case of uterine discharge, hemorrhagic or otherwise, occurring in women in their fifth decade, to "change of life." Remember that the menopause is the time, of all others, to expect cancer, and don't diagnose "change of life" until you have examined and made sure that no cancer is present. Don't treat a persistent uterine discharge, slight or profuse, at any time of life, without definitely ascertaining whether its origin is malignant. Remember that an erosion which obstinately refuses to improve under careful local and general treatment, is probably cancerous. If you are unfortunate enough to run upon a case of cancer

where the uterus is already fixed in the pelvis and the disease has involved the surrounding tissues, palliate as best you can with curetting, caustics and morphine, but if you have a case in which the parametria are not involved, don't be afraid to advise a hysterectomy. The disease with which you are dealing is absolutely fatal, and the operation by which you propose to relieve it by is one whose risk to life is small and whose chance of radical cure is good.

Higher Medical Education.*

By William T. Slayton, M. D., Hyde Park, Vt.

Mr. President and Gentlemen of the Vermont Medical Association :

It is with no little diffidenee that I open up a subject which no doubt has been interesting to you all sinee the beginning of your professional education, but more especially during the past decade, marking as it does an epoeh in the history of higher medical edueation and progress whieh would have been possible only in a eountry like ours, and which if continued at the present rate for a similar period to eome will place us in a very desirable position.

But while congratulating ourselves on what has been aecomplished let us "put not our hands to the plow and look baekward," but push on with all our might a eause whieh means the advaneement of the healing art and a constantly improving quality of graduates, who, in all probability, will, soon after reeeiving their much coveted diplomas, take the life of some human being into their hands. And let us ask ourselves if these improvements have not been worth all they cost in time and effort. Meanwhile let us ask ourselves what part of this work has been performed by the old Green Mountain State, a state which we, as her native sons, are proud to think is at least abreast of others in most things, but ashamed to say is sadly behind in this, one of the most important questions of the day. It is true that efforts have been made to plaee her in her proper position among her sister states, but it is no less true that those same efforts have come to naught, possibly through the efforts of irregulars and charlatans, but more probably through lack of effort on the part

*Read before the 84th Annual Meeting of the Vt. State Medical Society.

of regular practitioners. There are those whose have suggested that the time is not propitious and that we should wait for a favorable legislature to secure our ends, legislation being our only means. But as well may an ocean liner wait for a favorable moon in which to put to sea as for us to wait for a favorable legislature to give us that which we are justly entitled to and which it would gladly accord if it were fully conversant with and realized the importance of the subject. If the legislature is not favorable let us educate the members to make them favorable. Can we not convince them that Vermont is the only eastern state which will accept any kind of a medical diploma, and is, with one exception, the only one in which a state examination is not required; consequently is a dumping-ground for the rejected candidates of the surrounding states and the Dominion of Canada. And can we not convince them that there are stock company medical colleges—so-called—by the score, which are conducted by men interested only in their pocket-books and the name professor, whose only aim is to afford students an opportunity to secure their degree in the quickest time possible, regardless of their actual knowledge of the science of medicine,the only requirements for admission, for all practical purposes, being that the student shall know the multiplication table and prove his ability to name a half-dozen ex-presidents. If not, then, let us acknowledge our impotence and humbly bow our heads, convinced that we are the inferiors of men in other walks of life and that the Vermont Legislature has no respect for the profession of medicine.

But, while we are waiting for all this to come about, let us reflect on what has been done elsewhere. During the past year the profession of Arizona have succeeded in obtaining a territorial board of medical examiners, the board to examine all candidates for license to practice who are graduates of reputable medical schools. Idaho has passed a similar though better law—better because the board has the authority to revoke certificates, after hearing, for unprofessional,dishonorable or immoral conduct.

New Hampshire is in line with a law creating three state boards of examiners, and requiring that all candidates for examination shall have had a preliminary education equivalent to a full first-grade high school course, and that they have studied medicine four years, including four annual courses of at least six months each. Iowa has taken a step in advance by securing an amendment to her law, requiring an examination of all candidates applying for registration after January 1, 1899. Indiana and Wisconsin have succeeded in establishing state boards, although, as yet, they will accept a diploma from a recognized college. All these help to complete a year of great progress.

We have in this country at the present time twenty-nine states and the District of Columbia requiring an examination, and fifteen other states, although not requiring an examination, have such stringent rules governing the recognition of colleges that they are equal to one. Even the Cherokee nation in the Indian Territory requires an examination of all applicants to practice before a board of examiners appointed by the principal chief.

One hundred and seventeen of the one hundred fifty medical schools of the United States require attendance on four annual courses of lectures, of which number twenty-seven require attendance of sessions of eight months and ten of nine months each year. Our own State University has just lengthened its course to four years, and may she go still further by requiring attendance on nine months each year instead of six, as several other universities, located in smaller towns than Burlington, have done—one in particular being the University of Michigan, which has required four annual courses of lectures of nine month each since 1891—and perhaps after that she may see fit to adopt a higher standard for admission than is now required, especially as states on either side of us, as well as several others, have recently passed laws which will help those schools that try to raise their standard, by accepting less than a high school diploma of the first grade.

In connection with the four years' course, it is interesting to note that there are but three schools in the northern states, excepting Missouri and including Kentucky and Maryland, which require attendance on less than four annual sessions. Those three are the Medical Department of Bowdoin College, Brunswick, Me.; Milwaukee Medical College, Milwaukee, Wis.; and the Baltimore University School of Medicine, Baltimore, Md. This cannot be said of the Southern schools, as the majority of them still adhere to the three-year plan. Just what they expect to gain by this it is difficult to understand, as their reputation will certainly suffer in the end, especially as there are eleven states in which their diplomas will not be recognized, as will be noticed by a glance at the map* which has been distributed to you. The Legislatures of a part of these states have prescribed the four-years standard, and the state boards of the remainder have helped the cause along by announcing that a diploma from a college which requires less than a four years' course would not be recognized by them. Some of the boards are passing very stringent resolutions in regard to the clinical advantages which schools shall have to entitle them to recognition.

Dr. Potter of the New York State Board, says that it has been asserted in certain quarters that state boards are antagonistic to colleges, that they are setting up standards of their own and that their rules are oppressive to the schools. He adds that nothing in his view could be further from the truth and that the real facts are that the boards and the colleges are working along parallel lines to accomplish the same ends, viz., an improvement in the quality of physicians admitted to practice in the United States. Moreover, there is harmony of action between them that is remarkable, considering the radical changes that have necessarily been wrought in methods of teaching as a result of the practice laws.

If the schools in many instances have waited for mandatory laws to raise their standards and increase their years of study, they must not complain that the rank and file of a great profes-

*From "Medical Education and Registration, United States and Canada," 1897, by Wm. T. Slayton.

sion has arisen in its might and through its constituted state medical societies demanded laws of the several state legislatures that shall advance the cause of higher medical education. The examining boards are merely the servants of the people in this matter—are simply instruments through which their will obtains definite expression.

In view of all these changes, what is to become of the graduates whose schools are not recognized in most states? Will they not follow one of the natural laws and find the weakest spot, viz., a state in which there are practically no requirements? If so, do the people of that state want men whose diplomas are not recognized or who have been rejected in other states, and will the medical profession, as a whole, stand as high in such a state? There can be but one answer to this and that is, most emphatically, no.

Now that we have diagnosed the difficulty let us see if we can find a remedy. The answer can be nothing short of yes, if every man will do his duty; and has not Vermont and its State Medical Society as much right to expect every man to do his duty as had England or Nelson at Trafalgar. That duty can be at least partially performed by seeing that every member of the State Legislature has correct information on the subject and by convincing him that no particular class of practitioners shall be discriminated against, but that the requirements will be the same for all, excepting in the matter of therapeutics, and if the applicant is not willing to submit to a fair and impartial test by examination, that he is not a fit person to take the lives and happiness of his fellow-citizens into his hands. The question next arises as to who shall examine the applicants. By all means let it be one joint board instead of a separate board for each school, thereby insuring equality of standard. This opinion is strongly supported by a majority of practitioners in other states as is attested by the fact that in twenty-nine states where examinations are required seventeen have but one board, and out of the forty-five states having state boards only sixteen have more than one.

If the governor is to have the appointing power, he should be required to restrict his appointments to a list of candidates placed in nomination by the three state medical societies. Perhaps it would be as well to require also that not more than two-thirds of the board should be members of any one political party. It should be the duty of the board to examine all candi dates for a license who are graduates of medical schools recognized by them. In this way they would be able to raise the standard by passing resolutions which would increase the requirements of medical schools as to admission, periods of study, facilities, etc., as is done in many other states, and last but not least, they should be required to revoke certificates after hearing for unprofessional, dishonorable or immoral conduct. In connection with this the writer has been informed that in states where this provision has been enforced there is not one traveling advertiser or man who advertisers in any form, but whether we are to have one, two or three boards, let us have something and that at once.

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EDITORIALS.

An Uncalled for Attack.

A communication from Lawson Tait, an English gynecologist, which purports to compare the American and English mortality rates in abdominal surgery, is exciting considerable comment throughout the United States. The egotism manifested by the writer is the principal feature of the article, and instead of adding anything to his reputation it only shows to what extent a man's personal antipathies and jealousies will carry him. His attack on Listerism is undignified, and viewed in the light of

common sense and reason extremely unscientific. Few men of even moderate knowledge would attempt to underrate the enormous benefits which have come to mankind through the studies of Lister, and when we see a man of supposed mental superiority doing so, the conclusions are by no means complimentary.

No word or argument which Tait can promulgate will detract one whit from the position which Lister or his contribution to medicine holds in the realm of science. "To bay the moon" would be as appropriate and wise a procedure. In regard to the odious comparison which Tait draws between his work and that of Dr. T. Gaillard Thomas in the Woman's Hospital in New York City, we have little to say further than that any conclusions from such a general comparison are absolutely impossible. Conditions of living in America and England are vastly different in many particulars, and it is highly probable that just as great variation exists in the type of the surgical cases of both countries. Certain it is that English surgeons get their cases much earlier than we do here in America, and are much more inclined to refuse those cases which promise small hopes of recovery.

In America it is no uncommon thing for a surgeon to operate simply to prolong life a few months, and it requires no argument to understand that these cases present more dangers from the immediate operation than those which offer hopes for complete recovery. Therefore before we could willingly accept Tait's comparisons we would desire a careful comparison of case with case, and we have little fear that American surgery would prove inferior to that of our English confreres. The average American doctors certainly equal those of England, and we question very much if they are not even more liberal and progressive.

The spectacle of a medical man permitting himself to aggrandize the first person in the manner in which Tait has in his open communication, suggests anything but a high character or much less a true professional spirit. On the whole, episodes like these in which medical men endeavor to exalt themselves by deprecating their fellow associates are particularly unfortunate, for they

invariably lower the profession in the eyes of the public. As a class, God knows we have enough to contend with from outside ignorance and bigotry, without any of the petty internal jealousies which do so much to mar professional lives, and if we can avoid them we should for the sake of our calling.

In conclusion, we wonder if the time will ever come when medical men will realize that success means something more than being able to present a low mortality rate.

War and the Profession.

In the event of hostilities breaking out between the United States and Spain, many medical men who can and will do surgery will be needed. Particularly will young men be in demand and it will be an excellent test of the patriotism of the younger members of the medical profession. We feel confident that they will be no less brave and unselfish than their older brethren during the Civil War. If war must come, let us not waver, but stand ready to give to our country the best that is in us, by so doing proving once and for all the high motives of our beloved profession.

MEDICAL ABSTRACTS.

Indications for the Mastoid Operation—Now that the grip is truly and literally within our midst, we must expect to meet with an increase in the number of acute ear troubles. The danger of extension of the inflammation of mastoiditis to the brain is always considerable, whether the condition is an acute or a chronic one. When abortive measures, such as paracentesis, antiseptic irrigations, counter-irritation, and the application of dry cold, fail of success, operative treatment is generally necessary sooner or later. The following symptoms indicating operation have been arranged by Dr. Frank S. Milbury (*Medical Record*):

1. Painful inflammatory infiltration of the covering of the mastoid process, especially if an accompanying narrowing of the meatus or obstruction of the tympanum by granulations, renders it probable that a septic condition exists in the mastoid process. The operation becomes imperative when there are high fever and signs of meningeal irritation, and when the symptoms in the mastoid process have repeatedly occurred and resisted all antiphlogistic treatment.

2. Spontaneous pain in the mastoid process, increased by pressure and accompanied by bulging of the posterior-superior wall of the meatus.

3. Persistent or occasionally remittent pain in the mastoid process, with marked tenderness, even if there be no swelling of the external integument, and no apparent obstruction to the escape of discharge from the tympanic cavity.

4. When chloesteatoma existing in the tympanic cavity cannot be removed, or after its extraction with the malleus and incus, the condition is not improved by careful irrigation.

5. Fistula in the mastoid region and gravitation abscesses below them.

6. Extensive caries and necrosis of the posterior osseous wall of the meatus.

7. In all cases of middle-ear suppuration, during which symptoms of meningeal irritation or of incipient sinus phlebitis make their apperance.

8. Continued septic suppuration in the attic, the symptoms remaining unchanged after removal of the malleus and incus, and several months'

energetic treatment, even if there are no general symptoms, excepting an offensive otorrhea.

9. Pain in the mastoid process, developing in certain rare cases of connective-tissue hypertrophy, in osteosclerosis, and in osseous scars after the healing of a mastoid operation.

An Erroneous Charge of Improper Advertising.—The M. J. Breitenbach Company, of New York, has issued a circular saying that it has been intimated that maliciously disposed dealers, when interviewing the medical profession, have stated that Gude's pepto-mangan is placarded on the walls, fences, etc. The intention of such an assertion, says the circular, is evident, and the statement is false in every particular.

There is a sign advertising company in this city whose line of work is in that direction. Being of the same name, Gude, they place their name in bold letters and a passing glance might create the impression that Gude's pepto-mangan was being so advertised. This is positively not so.

The circular concludes as follows: "We have been before the medical profession of this country for upward of seven years and have endeavored to conduct our business in the highest ethical manner. The following clause in our contract with Dr. A. Gude & Co., chemists, Leipsic, covers the ground thoroughly:

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Manganese Binoxide for Menstrual Irregularities.—Prof. Andrew H. Smith, of the New York Post-Graduate Medical School, (*Ga. Jour. of Medicine and Surgery*, January, 1898) says that he has prescribed this drug for years in functional derangements of the uterus, and with a smaller percentage of failures than from any other drug with which he is acquainted. It is equally efficacious when the menses are too prosuse, or too scanty, when the interval between the periods is too short or too long. In dysmenorrhea, not dependent upon anatomic conditions, he has come to rely with great confidence upon the binoxide, beginning about four days

before the expected period and continuing until the flow is fully established or ended. The treatment may, however, need to be repeated every month for three or four months, before permanent and complete relief is obtained. The common burning, vertical headache, so frequently of uterine origin, is often promptly relieved by two or three doses of this drug, administered at intervals of two or three hours, even when it occurs between the periods. From a limited experience in this connection, the writer believes the remedy to be of special service for the hot flashes of the menopause, using a two-grain pill at bedtime. The ordinary dosage of manganese binoxide is two grains thrice daily, but much larger and more frequent amounts can be taken with impunity.—*Denver Med. Times.*

Cancer of the Breast—Dr. W. L. Rodma states that the results of Keen, Bull, Dennis, Weir, Halsted and Powers, six American surgeons, who have within the year published their statistics in operations for cancer of the breast, show a mortality of less than one per cent. (656 operations and six deaths). He concludes his paper with the following propositions:

1. All mammary growths should he removed at once, for innocent tumors, carried for a long time, become a menace.

2. The complete operation should always be done in cases of malignant disease.

3. In nearly every case it is simply impossible to detect enlarged glands until the axilla is opened. Keen says that he cannot do so once in ten times.

4. The mortality should be, with average operators, about three per cent.

5. A radical operation should promise from twenty-five to fifty per cent. of permanent cures, according to the time when patients apply.

6. When in doubt, operate; never wait for symptoms.—*Charlotte Med. Journal.*

Urticaria—

R. Chloralis,
Camphoræ, aa oz. j.
Pulv. amyli, drm. i–ij.

M. Sig. Keep tightly corked in a wide-mouthed bottle. Rub in with the hand.—*Bulkley, Med. Brief.*

BOOK REVIEWS.

A Text-Book on Surgery—General, Operative and Mechanical. By John A. Wyeth, M. D., Professor of General and Genito-Urinary Surgery in the New York Polyclinic; Visiting Surgeon to Mount Sinai Hospital, Etc. Third Edition, Revised and Enlarged. New York: D. Appleton & Co., Publishers. Price, cloth. $7.00; sheep, $8.00; half morocco, $8.50. Sold by subscription.

Probably no present day work on surgery is better known generally then this book by Wyeth. The author's ability as a surgeon is universally recognized and with his vast experience he is exceptionally well fitted to write a satisfactory surgical text-book. That his book has not proven a disappointment is well shown by the authoritative position which it has attained wherever modern surgery is done or taught. Wyeth has made a contribution to science which we of his own time cannot appreciate, but future generations of medical men will look back with admiration and point to his work as a master piece of his age.

From first to last the book is characterized by a completeness which is amazing. Every important detail is given due attention and operative technique is made especially thorough throughout. Abundant clinical results are brought forward to substantiate the text, and the reader cannot help but feel that he is getting facts based on practical experience. This is unquestionably the reason for the great popularity of the book.

In every way this text book on surgery is eminently fitted for study or reference and the practitioner who does not possess it should waste no time in adding it to his library. It will pay for itself many times over, and give as much satisfaction as any surgical text-book ever published.

The Elements of Clinical Diagnosis—By Dr. G. Klemperer, Professor of Medicine at the University of Berlin. First American from the Seventh (last) German Edition. With Sixty-one Illustrations. Authorized Translation by Nathan E. Brill, A. M., M. D., Adjunct Attending Physician, Mount Sinai Hospital, New York City; and Samuel M. Brickner, A. M., M. D., Assistant Gynecologist, Mount Sinai Hospital, Out-Patient Department. New York: The Macmillan Co., 66 Fifth Ave., Publishers. Price, $1.00.

The first American edition of Dr. Klemperer's well-known book will be hailed with delight by American physicians. The little work, though small in size, is a giant in value, and better acquaintance with its true worth will render it indispensable to the profession at large. It will be found a very useful book for the office desk, and one bound to grow in usefulness. We sincerely recommend it to medical men, and compliment the translator for the excellent and painstaking labor reflected in the work. The price is remarkably low, and the binding neat and attractive.

PUBLISHERS DEPARTMENT.

A Pre-Antitoxin Mortality of 40 per cent Reduced to 3.6 per cent—Prior to the introduction of Anti-Diphtheritic Serum, the mortality from diphtheria at the Harper Hospital, Detroit, averaged for a number of years 40 per cent. According to the 34th annual report of the Hospital authorities, as published in the February number of the *Harper Hospital Bulletin*, page 73, 141 cases were treated at the Hospital during 1897, with the following results:

	Cases.	Deaths.
Ordinary Diphtheria	115	1
Laryngeal Diphtheria	26	6
	141	7
Excluding two cases Moribund on Admission	2	2
	139	5
Mortality under Antitoxin Treatment		3.6 per cent.

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According to the 34th annual report of the hospital authorities (see page 73, *Harper Hospital Bulletin* for February, 1898) the antitoxin treatment of 141 cases during 1897 yields the following showing:

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Ordinary Diphtheria	115	1
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	141	7
Excluding 2 cases moribund on admission	2	2
	139	5

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Try it on ***anything,*** except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

Try it on the ***patient*** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

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THE affected parts should be sponged first with alcohol, then with Tongaline Liquid, and cloths saturated with the remedy held in apposition by oiled silk bandages, applying heat by a hot water bag or other convenient method to facilitate absorption. Tongaline Liquid, in like manner, may be given externally by the aid of electricity.

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The "Reference Book of Practical Therapeutics," by Frank P. Foster, M. D., Editor of *The New York Medical Journal*, which has recently been issued by D. Appleton Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol.

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—*Notes New Pharm. Products.*

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	Tinct. Digitalis	3 iss
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Mx. Sig.:—Teaspoonful every 3 to 6 hours.

In Painful Dysmenorrhœa.

R	Antikamnia (Genuine)	3 j
	Brom. Potass.	3 ij
	Elix. Aurantii	3 ij

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The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society.

Vol. IV. *APRIL*, 1898. No. 4

PUBLIC HEALTH.*

By E. A. Bates, M. D., Highgate.

Mr. President and Gentlemen of the Vermont State Medical Society:

From the time that man in his process of development increased in numbers, and became a town dweller, and consequently advanced in civilization, he realized, through his own selfishness, or as we will more charitably suppose, love of humanity, the necessity of general cleanliness, as witness the proverb, "cleanliness is next to Godliness;" which is so true that I presume none would prefer an ungodly clean man to a godly dirty one, if it is possible to be constantly dirty and at the same time godly, and as we go back to the dawn of history we find among those peoples and cities who stood pre-eminent among their fellows, two things, which stand out so distinctly that they command our admiration and respect.

First. Their public water supply.

Second. Their system of public baths.

This goes back even farther than the dawn of history both sacred and profane, and as the ruins of buried and lost

*Read before the 84th Annual Meeting of the Vt. State Medical Society.

cities whose histories have never been written, whose age antedates written history, give up their secrets to the scientist and explorer, we find again public baths and means of pure water supply. Even the Spanish conquerors of Mexico and Peru, who had eyes for nothing but the gold of the new world, were struck with wonder and amazement at the public roads, fountains, drinking places, aqueducts crossing valley and mountain, public baths and parks, planned and built by a people, whom they regarded as savages, whose weapons were stone and copper, whose defensive armor was feathers and cotton. And yet this people had advanced in civilization and knowledge to that point where they realized the necessity and importance of the public health, thus conclusively showing to us that the problem of public health is no new nor idle chimera but a stern and solemn factor in the struggle for existence of the human race and one that in all ages and especially among the enlightened people among republics and principalities, has been considered of vital importance to the public, and at no time in our history or in the history of the past, has intelligent or organized effort met with as much encouragement and success as it is doing to-day among all classes.

The creation of a State board of health in Vermont was the direct teaching and advocacy of matters pertaining to the public health by the medical profession of this State. This board has in the past ten years done good work which we must all recognize and which we all appreciate. Its good work has been two-fold : It has formulated and disseminated rules and regulations among physicians, aided and assisted in gaining effective legislation, aided and encouraged the formation of county health societies, with a view to a more thorough co-operation and a better understanding of matters relating to sanitation and public health by local health boards, thus rendering them able to do better and more effective public service.

It has printed and disseminated among physicians and people such rules and regulations as would aid the general public in a proper understanding of these matters ; this has had a tendency to educate the public to a proper appreciation of health boards and their work, as well as materially lessening the number of cases of contagious and infectious diseases, and in order that health boards and general sanitation shall be productive of good results there must be a co-operation on the part of the general and individual public with health boards. That there has not been this co-operation on the part of the public in many instances is only too well known ; that this lack or negligence is so pronounced is due rather to their ignorance of the necessities and importance of such work than to any other cause. It is this that confronts us when we ask legislation tending in this direction, and while it is true that statutes enacted unless wanted and understood by the intelligent people of this State are practically of no value, yet so long as man remains as he is, it is necessary for the greatest good, that he should submit to personal inconvenience and in order that the public may have adequate protection it is necessary that we should have certain statutory enactments. These to a certain extent have been secured, through the efforts of the medical profession of this State and the State Board of Health. It is necessary that this work should be educational as well as legislative, although in a careful consideration of the problem of public health we must come to this conclusion, that the State has the right, and this right should be exercised through properly appointed officers, to make and enforce not only inspections but rules and regulations covering all points of public general health.

Now, how shall we best promote this work ? In nearly all towns in the State we have local health officers, and these men do not find, as a rule, their work especially agreeable or profitable. It requires combinations of qualifications, of which diplomacy is not the least, and good

judgment is an essential, to be a successful health officer; these same qualifications would speedily make him eminent in any other calling or profession. He finds in his work that many and conflicting interests are at work and at stake, which it is essential and necessary that he should harmonize and adjust, while he is often met with ignorance and superstition. Yet these will be the least of his troubles. Local pride and professional jealousy, neighborly influence and the question of expense must be met. And while it is assuredly not good policy to countenance extravagance and waste, it is equally as bad or worse not to use proper and needed methods of public safety on the score of expense. It is also necessary that there should be a hearty co-operation on the part of the profession that good and efficient work on the part of the health officer may be accomplished.

When epidemics of contagious disease arise and the question of quarantine comes up with all its attendant discomforts, and efforts are being put forth to protect the general public from the spread of the disease, there is no room for personal differences, but all animosities should be buried, and all should work with one accord that the greatest good to the greatest number may be accomplished. And to this end the public must be educated and familiarized with plain sanitary laws. On the other hand, the State or local municipality when dealing with the individual finds it necessary, either to destroy property, restrict intercourse or in any way to deprive him of his usual means of support and thereby cause him additional expense. This expense and destruction of property being solely for the public good, it is no more than just that the public should be compelled either through the state or municipality to bear the individual's expense so long as it is for the protection of the general public, as it is manifestly unjust to require the individual to sacrifice personal and property rights at the order of the

State without due compensation. And as at present our sanitary inspectors are the local health officers of public schools, public charities, reformatories and penal institutions and are called upon to exercise supervision of burials and cemeteries, trades and some occupations, therefore I would suggest that our public schools should receive more of our attention. Our schools should ever be our pride and care, and as the State assumes the supervision of the education of our youth, prescribes the age of attendance, kind and manner of instruction to be given, so should it see to it that the young will, under their care, at the most impressionable period of their lives, be surrounded by the necessary safeguards to their physical and moral well being. A child, if properly taught the rudiments of sanitation, will never forget them. By this means we would have a generation growing up among us who would be properly fitted to deal intelligently with the problem of public health. The inspection of a school room is of prime importance, but it is of more importance that school rooms should be built from plans embodying sanitary principles. And if we would have sound minds and bodies we must raise them from good surroundings. There is a matter which we believe should receive immediate and prompt attention. We know that many people suffer from defective vision, but we would be much surprised did we know how many children of school age have serious visual defects which can and should be remedied. This matter is one of the utmost importance and one which it is easy to remedy. Proper test cards for the detection of defective vision should be placed in every school room; teachers should receive sufficient instruction from the health officer in the use of these test cards to enable them to examine pupils on their entrance to school to determine with sufficient accuracy any marked deviation from the standard of normal vision. Should such defect be found the teacher should report this scholar to the proper author-

ity as defective in vision. This authority should have power to insist and, if necessary, pay for the proper correction of the vision and the necessary lenses to remedy the defect.

We should have a sanitary commission, with power to furnish plans and specifications of all public buildings, of all water supplies as well as sewers, and the disposal of refuse and waste matters and no private building should be allowed to be erected without the plans having first been submitted to such sanitary committee. Finally let us ever remember that public health is public wealth.

THE UTERINE CURETTE IN THE COUNTRY.*

By W. E. Lazelle, of Plainfield.

It is not within the radius of this paper to give you an exhaustive scientific treatise on the subject of uterine curettage, nor have I that to say with which you are not already familiar. But having frequently noticed in medical journals articles strongly denouncing the general practitioner who presumes to use the uterine curette, I feel roused to protest against their aggressive tendency, for all women are subject to those conditions in the treatment of which the curette is indicated. Some women have the misfortune to live in the country, remote from specialists' skill. These women, like their favored sisters, deserve treatment, and naturally apply to their family physician. They expect, also, an equal amount of benefit, and should receive it, notwithstanding the statements of certain specialists in gynecology, to the effect that the curette in the hands of the country practitioner is a dangerous instrument and productive only of irreparable injury.

We operate under very unfavorable circumstances, we have no skilled assistants, and many times are several miles from a brother practitioner. I rode four miles in the rain one night last November, gave ether, and employed the curette in a case of severe hemorrhage due to retained membranes, and the only assistance at my command was the pale, trembling husband who was a farm hand. This woman made a perfect recovery, in spite of the warnings we so constantly receive from our superiors not, in striving for fame, to attempt operations involving great risk to human life and obviously beyond our depth. One man cited a case to emphasize the fact that it was best to leave

*Read at the 84th Annual meeting of the Vermont Medical Society.

the operation of uterine curettage to those in whose specialty it belonged, proving to himself that men of no special surgical training should refrain from attempting operations of gravity. Is he not too willing to generalize, and has he the right to draw a general law from a special case, and to infer that what he has seen to be true of one case, is true of the whole class to which it belongs? We do not claim to be faultless operators, we admit mistakes and reverses in treatment; and in the little I have seen of specialists' work, I have yet to learn that they do not make mistakes. I once saw an eminent surgeon cut off a perfectly healthy appendix. 'Twas all right, he was a specialist, he was beyond criticism. Before the same class another specialist, in the operation for the removal of an abdominal tumor, failed to ligate vessels in the omentum. The autopsy revealed the abdominal cavity filled with blood. I did not infer from this that these men should not attempt operations involving great risk to human life, for to generalize correctly, one should take into consideration the number and character of the instances about which he reasons.

Another said he did not object to the general practitioner using the uterine curette, but he should do it only with clear ideas of what he wished to accomplish, and after having had that amount of experience with surgical work, which had developed a habit of securing and maintaining strict asepsis. No man ever attempts any operation without a definite object in view, neither does he prescribe drugs without a clear idea of what he wishes to accomplish. Supposing his objection did have any material bearing upon the management of the case, would you think it expedient to delay an operation in order to secure his approval? Take for instance the following case, which occurred very early in my professional career: I was called late one evening to see Mrs. F., who had been three weeks sick in bed, and was under treatment by another physician in town. She had had several chills, and carried a temperature that evening of 103°. She looked sick to me, and being my only patient I didn't care to lose her. She gave the history of miscarriage at the beginning with constant hemorr-

hage, accompanied by a very offensive odor. She said she had been doing well until within a week, when her physician informed her that pneumonia had developed, which was responsible for her chills and fever. An examination of the chest showed pneumonia to be absent. Digital examination per vagina showed vagina hot and dry, uterus large, or soft, partially open and emitting a black bloody discharge of very offensive odor. I told the family there was no pneumonia present, but the woman was suffering from the retained products of conception, and her chills, fever, etc., were the result of absorption of dead matter within the uterine cavity. I explained to them that the treatment consisted in the removal of this foreign matter, which could be done by operation only, and which I thought would save the woman's life. They told me they were willing to submit to whatever treatment I advised. Accordingly on the following morning, after having strictly observed every detail relative to surgical cleanliness, I gave ether, shaved the external parts, washed the vagina in 1-2000 bi-chloride solution, placed the woman in Sim's position, engaged the husband, who was a carpenter, to hold the first Sim's speculum he ever saw, drew the uterus down with tenaculum, thoroughly dilated os with heavy steel dilator, and with a sharp curette scraped the interior of the uterus clean. I then irrigated the uterine cavity with plain boiled water, and swabbed the uterus with tincture of iodine. I gave this woman a teaspoonful of fluid extract of ergot, in order to contract the uterus and check hemorrhage. In twenty-four hours her temperature had fallen to nearly normal, and from this time she made a speedy and uneventful recovery.

I illustrate this case, not thinking that it contains anything new or novel as regards pathology or treatment, but as one of the many similar instances occurring in every country practice; and the man who is not qualified to perform this little operation skillfully and scientifically, is not worthy of his degree.

In retained decidua; in septic diseases of the uterus; in chronic catarrhal endometritis, with persistent leucorrhœa; in cases of membranous dysmenorrhœa; in catarrh and leucorrhœa

of the cervical canal ; in menorrhagia and metrorrhagia due to small polypii or fibroid tumors ; and in sub involution and retro-displacements of the uterus, in which a fungous degeneration of the endometrium exists, the curette is indicated.

No country practice is exempt from these conditions and many of them are of common occurrence. What then remains to be done with these cases, if the country practitioner is not allowed to treat them ? Shall they go untreated, and must the country physician always remain at the foot ; or will not the progressive physician strive to acquire the proficiency necessary to treat these patients who are unable to visit specialists, or avail themselves of the specialist's skill.

INFANTILE SCORBUTUS.*

By C. E. Allen, M. D., Swanton.

Mr. President and Gentlemen :

Infantile scorbutus is so closely allied to the disease as manifested in the adult in its etiology, symptoms and pathology, that a short history of the affection as exhibited in the adult seems necessary to obtain a clear conception of the subject.

Scorbutus is a condition of malnutrition induced by the continued use of a diet lacking in fresh vegetable material, with a tendency to death within a certain length of time should the conditions under which it arose remain unchanged.

In a well marked case of this disease there is a great degree of anæmia, bodily weakness and mental depression with extravasations of blood into the various tissues and cavities of the body and a swollen and spongy condition of the gums, accompanied by tenderness, especially in the lower limbs and causing pain on motion or pressure.

Scurvy has been known since the earliest times, and before its etiology and treatment were understood, has alone and by its influence upon other disorders been more destructive to mankind than any other disorder ; notwithstanding which it has been most satisfactorily proven to be curable by means at hand in every habitable country.

It occurs only when fresh vegetable nutriment has been wholly or partially withheld from the diet for a considerable length of time. Scurvy does not appear when there is an abundance of fresh food and vegetables, though the food may be lacking in other ingredients necessary for perfect nutrition of the system in other regards.

*Read before the 84th Annual Meeting of the Vt. State Medical Society.

In the early stage of scurvy the skin becomes pale and anæmic and the patient exhibits a listlessness of mind and a lack of desire to exercise or trouble himself about his condition. An energetic person becomes indolent and reserved, not speaking except when addressed, though if inquiry is made will complain of pain in the back and limbs which he usually attributes to rheumatism.

There is no fever except from hæmorrhages into lungs or other cavities, and the patient usually sleeps readily enough.

Gradually small spots of extravasated blood appear, especially upon the legs and thighs, of a reddish brown color. Often a number of these spots coalesce and form larger maculæ, while later in the disease larger areas will be noticed, giving the parts an appearance as if caused by direct violence.

In connection with these external signs, dyspepsia is likely to intervene unaccompanied by physical signs of heart or lung implication.

The countenance indicates dejection or indifference together with more or less bloating. The gums are generally so remarkably altered that many writers give this as a complete test of the disease, though other observers have found all the other symptoms of scurvy present with the gums unaltered or possibly paler than usual.

In most cases early in the disease the gums are pale and contracted but soon begin to show swelling at the margins which gradually increases until the teeth are encroached upon and finally may nearly disappear.

The gums are dark and spongy and disposed to bleed.

The teeth become loosened and if the condition continues are likely to fall out and the odor from the mouth is intolerable, due to sloughing. The patient is likely to suffer from syncope at this stage of the disease and his appearance is appalling.

His skin is dry and harsh, discolored with bruised spots, dirty looking and bloated, and one unacquainted with the nature of the disease would think him entirely beyond the reach of human aid. Yet, the change brought about in a few hours by

the administration of antiscorbutic diet is one of the most wonderful things known to medicine and of itself proves beyond doubt that the principal cause of scurvy is an absence of such diet.

Our understanding of the final cause of scurvy is very obscure.

That the immediate cause is a change in the quality of food, being deprived of certain vegetable acids, is obvious fro m the history of the disease. There are no microscopical changes in the blood, nor does a bacteriological examination afford any satisfactory solution of the difficulty. In fact, there are no changes in the blood, either anatomical or chemical, that are peculiar to the disease. The most reasonable explanation of the phenomenon is that the relation between the blood and the capillaries and tissues is so altered as to permit some or all of the constituents of the blood to leave their natural receptacles and to enter tissues from which they are excluded in health.

Through the researches of Lind and other investigators in the early part of the century the mortality from the ravages of scurvy in the adult has been almost entirely checked ; but in infants during the time of bottle feeding, when the diet is of limited range, many cases continue to develop, and I believe the mortality from this source is much larger than it should be, for there should be none whatever.

The etiology, symptoms and pathology, according to Cheadle and Barlow, of infantile scorbutus are indentical with those noticed in the adult. The spongy bleeding gums, which are so prominent a symptom in the adult, are usually well marked in children. This condition may be absent in cases developing before the appearance of the teeth. The sponginess is chiefly found about the teeth which have appeared, or about the teeth not yet through the gum. Occasionally only small submucous ecchymoses will be found, even as is seen in an adult patient who has lost his teeth.

Children are more subject to pyrexia in this disease, but

this probably depends upon the amount of hæmorrhages and inflammatory reaction with septic infection that supervenes.

As for the other symptoms, the earthy pallor, the anæmia, muscular weakness, tendency to syncope, the œdema, listlessness, and hemorrhages, the albumenuria, tenderness and swelling of the limbs, they are identical with those in the adult.

Careful observers have failed to record any cases of scurvy in infants at the breast or in those fed with an ample supply of good cow's milk. On the other hand, those fed upon oat-meal and water, bread and water, desiccated foods, peptonized condensed milk, &c., with a very limited supply of fresh milk, or none whatever, are the subjects in whom scurvy is seen to develop, and in these cases in children, as with adults, the use of antiscorbutics is a most convincing proof that the condition is one of true scurvy.

The following cases, one of which was attended by a brother practitioner and the other in my own practice, demonstrate the certainty with which scorbutus will develop in the absence of fresh vegetable material. In both cases the parents are in good circumstances and anxious to provide everything possible for their children's welfare, and in my experience the disease in this country is more likely to develop among the well-to-do, as they do not allow their infants to eat potato, etc., at table as is customary among the poorer classes, and this practice, while it is likely to cause digestive troubles, is a preventative of scurvy.

Case 1. G. R., born of healthy parents, did well apparently on the nourishment given it to the age of eight months, when she became fretful; her appetite variable, lost flesh to a certain extent, but not very perceptibly, no position seemed comfortable and it was thought the child had rheumatism or had been injured by the nurse. She was kept upon a pillow and at night would wake crying, when a change of position would relieve her. Child would not try to bear any weight upon her feet, was very sensitive to the touch, the tongue was inflamed and the gums purple and swollen. There was no diarrhœa and food seemed to agree with her, but she did not seem to care for it.

The diet had been condensed milk and farinaceous food. This was changed to fresh cow's milk and Mellin's food, together with orange juice, potato pulp and celery juice. In twenty-four hours the child began to improve and made an uninterrupted recovery.

Case 2. F. M., born of healthy parents and as in the first case never nursed by mother. Was fed upon milk and water for first few weeks, but a diarrhœa intervening this was changed to desiccated food, which agreed with the digestion and diarrhœa was checked; but the child did not gain in weight or develop at all rapidly and at the age of seven months his weight did not exceed fourteen pounds. At this time the child became fretful, which was thought to be due to teething; but in a short time he became very sensitive to the touch and soon the lower limbs seemed to entirely lose their power as if paralyzed, and the skin took on an earthy anæmic look. The gums were slightly swollen at the margin, with some sponginess, but not marked.

The child was now fed cow's milk undiluted and given orange juice quite freely. A change for the better was noticed immediately, the lameness disappeared within two weeks and now, at the age of one year, his weight exceeds the average weight of a child one year old.

The points which I wish to emphasize in these cases are:

1. An absence of digestive disturbances to warn us that the food was inefficient.

2. The misleading symptoms that pointed to rheumatism or infantile paralysis.

3. The few symptoms present to lead one to suspect scurvy.

It is my firm belief that had we failed to discover the cause of the trouble and had not corrected the diet, that both little patients would have died, as medication without a generous supply of vegetable acids added to the diet is entirely useless.

THE POSSIBILITIES OF ANTITOXIN IN DIPHTHERIA.

By George Suttie, M. D., PH. D., Harper Hospital Polyclinic Staff; Lecturer on Organic Chemistry, Detroit College of Medicine.

There is no difference of opinion now among medical men regarding the efficiency of diphtheria antitoxin. Statistics have abundantly proved the decreased death-rate resulting from its use, although there may be found an occasional doubter who refuses to believe any kind of evidence regarding this new remedy.

I have no intention in the following to do more than ascertain from the statistics at my command what is the percentage of deaths that has been observed in diphtheria under the use of antitoxin—being prompted to do so by a statement made by one of the speakers at the Sanitary Convention held lately in the city of Detroit. It was then said that the use of antitoxin had established an expectancy of from 13-14 per cent as a death-rate, instead of the old time rate of 30 per cent and over without its use.

It is hardly necessary to make the statement here, but it is unhesitatingly reiterated that antitoxin *has* decreased the mortality of the disease under consideration. But was the death-rate mentioned a fair average? Does it represent the best obtainable from antitoxin? The writer thinks not. The percentage given was ascertained to be the death-rate observed in the entire city of Detroit during the period of the first few months' trial, and where the greater number of cases occurred among the careless unhygienic poor, antitoxin being furnished in these cases gratuitously by the city.

To those familiar with the squalor of the poor in a large city it is not necessary to say that any medicament for any disease whatever does not receive its most favorable test under the conditions which obtain among this class of our population. It is certainly much in its favor that it was observed to be of service at all in the midst of so generally forbidding environment. Antitoxin must be used early in the diphtheritic attack, at least before the fourth day, to get the best results—so accurate hospital observations have taught us—and this fact physicians themselves did not realize at first.

The class of people, however, of whom we speak are proverbially the slowest to call a physician, even if it be the city physician, whose service is without cost to them, and it frequently happens that their call for help is too late for antitoxin to save the cardiac centers from involvement in the general toxemia. What percentage of deaths, then, may be expected from the use of antitoxin in diphtheria under hygienic conditions, and with the antitoxin administered so soon as diagnosis is made?

Having had something to do with the introduction of antitoxin for the use of the Contagious Department of Harper Hospital of this city, and having watched its administration from the beginning, the writer believes that a very much better percentage of result is attained with the early use of antitoxin in situations where hygienic conditions prevail, such as are found in a well-conducted hospital or even in the average private practise.

Antitoxin was first used in Harper Hospital in the fall and winter of 1894 in a sporadic tentative way. Forty-four cases of diphtheria were treated with the Aronson and Behring's serum, with four deaths (exclusive of three moribund on admission) and a death-rate accordingly of 9.1 per cent, when it happened that the supply of these became exhausted. At this juncture Parke, Davis & Co.'s diphtheria antitoxin was employed and found to be fully equal to any of the serums which had been previously employed; indeed, this is putting it too mildly, for

not only did fewer disagreeable sequelæ follow its hypodermic administration, but cases progressed manifestly better under it. Thus in the remaining period of 1895 there were 25 cases, all of whom were treated with this serum (with exclusion of one moribund on admission). There was one death among these, death-rate accordingly being 4.1 per cent.* Four were tracheotomy cases with four recoveries.

In 1896 there were 112 patients admitted to the diphtheria ward of the Contagious Hospital, 12 being subjected to intubation, 6 to tracheotomy, with only five deaths, "three of these being moribund cases when brought to the hospital, dying within a few hours of their arrival."† There was, therefore, a mortality of 1.8 per cent. These cases also received the Parke, Davis & Co.'s serum.

For the present year, 1897, up to December, there have been treated 90 cases of diphtheria in the hospital, with 6 deaths. One case was certainly moribund on admission, another may be called doubtfully so, but without excluding the latter, the death-rate was 5.6 per cent. The antitoxin used was the same.

The notable diminution in the death-rate as above given led the Detroit Board of Health to decide to furnish diphtheria antitoxin gratuitously to patients too poor to pay for it, this also including patients under charge of the city physicians, poor patients at Harper Hospital sent there by the Board of Health, at the Women's Hospital and at the Protestant Orphan Asylum. This was done from May 1, 1896, and the number of patients so treated up to February 28, 1897, close of the official year,‡ was as follows:

	Cases.	Deaths.	Mortality Rate.
With Antitoxin.....	374	47	12.56 per cent.
Without Antitoxin.....	467	163	34.90 per cent.

Vide Therapeutic Gazette, February, 1896, detailing these cases

† *Harper Hospital Bulletin*, February, 1897.

‡ Report of Board of Health, Detroit, Mich., for 12 months, ending February 28, 1897, p. 8.

In continuation of this series of observations are the following results from figures not yet made public, but kindly furnished me by the Board of Health. From March 1, 1897, up to December, the following cases came either under the notice or care of the Board :

	Cases.	Deaths.	Mortality Rate.
With Antitoxin.....	305	32	10.49 per cent.
Without Antitoxin.....	632	192	30.39 per cent.

The antitoxin employed by the Detroit Board of Health has been from the first that of Parke, Davis & Co.

These figures go to show that as experience in its use accumulates, and as both medical men and the public at large see the advantage arising from the use of antitoxin *early* in the diphtheritic invasion, there is attained a continued and steady improvement in results.

With patients in comfortable circumstances, assured of careful nursing, conscientious isolation, and the administration of a reliable antitoxin, there is very much to encourage the profession to expect a very close approach to the Harper Hospital figures—that is to say, a percentage of deaths not to exceed 6 or 7. This would certainly lift diphtheria out of the bad repute it has had hitherto of being one of our most fatal diseases.—*Louisville Med. Monthly.*

The Vermont Medical Monthly.

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EDITORIALS.

The Need of Laws to Regulate Midwifery.

A case of opthalmia neonatorum brought to our attention recently, suggests to us the urgent need of placing more stringent regulations on the practice of midwifery in Vermont. In the case quoted the child was delivered by a midwife and allowed to go four days with a purulent discharge from both eyes before medical aid was summoned. The medical attendant treated the eyes for several days with apparantly no improvement and finally sent the child to a specialist. It is hardly necessary to say that in

spite of every effort, both eyes were lost irretrievably. The mother was well nigh heartbroken and it is little wonder when it is considered that her child will go through life absolutely blind, through the culpable negligence of an ignorant midwife.

It is wrong to permit such things to continue. No person should be allowed to attend a woman in confinement, except in an emergency, who has not passed a thorough examination in the science of obstetrics. What does a woman, whose only claim to knowledge is an attendance at ten or twelve confinements, know about the various pathologic conditions liable to arise in mother or child during labor or parturition? Is she capable of judging the condition of the mother's genital tract and of remedying any morbid conditions present? Everyone knows that she is not.

Therefore we say that it should be made a serious demeanor for an unqualified person to practice midwifery, and even those who are qualified should be bound by certain regulations which will mitigate any or all evils liable to arise. Certain States make it obligatory for the midwife to notify a physician at once on first noticing anything suspicious about a new born infant's eyes, and failure to do so renders one liable to a heavy fine and imprisonment. This is all right as far as it goes, but too much reliance should not be placed on a midwife's perception. Sometimes the most ignorant old women officiate in the parturition chamber and we doubt very much if they would be able to detect an opthalmia neonatorum or realize its gravity during its early stages. Many a child then would be saved the direst curse of humanity—blindness, by prohibiting all but competent persons from attending a woman at child-birth.

One only has to see a poor little child whose life is doomed to darkness through someone's negligence to appreciate the force of these words.

Honest Surgery.

No surgeon should undertake an operation until he has carefully weighed the probable result to his patient. A remark like this seems almost superfluous and uncalled for, but to the shame of many workers in surgery it must be admitted that too frequently the future welfare of the patient is entirely overlooked. Particularly is this so in hospital work, for the zealous surgeon in his desire to operate on many cases, sees only the indication for operation. And without taking into consideration the condition of his patient or the probability of ultimate success he performs an operation which though successful from an operative point of view, in its remote results leaves his patient in a worse condition than before. Faultless technique and primary union are not the only elements of a successful operation. Justifiable surgery is that which first and foremost considers the patient's welfare. Will the results of operative treatment both immediate and ultimate be sufficiently beneficial to justify the risk and inconvenience to the patient? It seems to us that the answer to this question should alone determine the decision of the surgeon to operate or not to operate. A surgeon who regulates his operative work by the above question may feel that he is not only true to his professional calling, but just to his own manhood and character.

MEDICAL ABSTRACTS.

Dangers of Acetanilide.—I have, in the last six or eight months, seen five or six cases of thrombosis in lower extremities, caused by use of this remedy in antipyretic doses in continued fevers. The heart was so much enfeebled that it could not propel the heavy current in its course through the large veins. The great weakness of the heart in all forms of continued fever should deter us from using the powerful sedatives, and remedies to increase the *vis a tergo* are clearly indicated. This is true of pneumonia also. If there is extensive consolidation of lung tissue, the decarbonization of the blood will be compromised; and we would have a condition analogous to the cynosis of acetanilide. If doctors persist in using this drug in pneumonia vitis, they may expect to see their bill of mortality run up very rapidly, as any man of clinical experience will attest. —*Dr. L. H. Cowden in Med. Summary.*

The Pipe Face.—It is declared that the constant habit of smoking pipes has a perceptible effect upon the face. The pressure of the lips to hold the pipe in position increases the curvature of the lips round the stem, and the muscles become more rigid here than in other parts. Thus the lips at a certain point become stronger, and the pipe is unconsciously held in the same habitual position. After long continuation of the habit, small circular wrinkles form parallel with the curvature of the lips around the stem. These are crossed by finer lines caused by the pressure of the lips to retain the stem in position. In the case of old men who have smoked a pipe for years the effect upon the lips is very marked, not only altering the form of the lips, but of one entire side of the face, causing the wrinkles, that are the result of age, to deepen, and, instead of following the natural course of facial wrinkles, to change their course so as to radiate from the part of the mouth where the pipe is habitually carried. Furthermore one or both lips often protrude, just like the lips of people who used to suck their thumbs when children. The effects of pipe smoking upon the teeth and lower jaws are even more apparent than in the case of the lips. If any man who has smoked a pipe for a considerable length of time will take the trouble to examine his own teeth, will find that at the point where he usually holds the stem between his teeth the latter have become worn.—*Med. Record.*

Suprapubic Cystotomy—Professor John Wyeth, in the *New York Polyclinic*, in speaking of suprapubic cystotomy, says :

1. The parts of the field of operation and where the urine might flow, should be shaved.

2. The patient should rest in full extension upon a table.

3. It is of advantage to have the hips higher than the shoulders ; as the weight of the intestines will be thus removed from the bladder.

4. Rectal distention is never necessary.

5. Water is the best thing with which to extend the bladder.

6. The longitudinal incision beginning one inch above the margin of the symphysis pubis, and two inches long, is the best.

7. Arrest hemorrhage as the operation proceeds.

8. The size of the incision in the bladder must be regulated to suit the individual case.

9. The peritoneum should be dissected up from the bladder, and if cut or torn, should be sutured at once with catgut.

10. Close the opening in the bladder when the case will admit of it, by using catgut and the Lembert suture.

11. Pack the superficial opening with iodoform gauze, and let it close by granulation.

12. The bladder must be kept empty for three days, either by frequent catheterization, or by leaving the instrument tied in the bladder. —*Med. and Surg. Bulletin.*

Adhesions of the Female Prepuce—By Dr. C. S. Bacon (*Am. Gyn. and Obst. Jr.*, March, 1898).

The author reports that this condition is not uncommon, that it has a pathological significance, and he raises the question whether it should not be attended to in children by freeing the clitoris in all cases shortly after birth. The manifold nervous troubles following preputial adhesions in the male, such as masturbation, convulsions, eneuresis, chorea, epilepsy, etc., are well known, yet the role played by a similar condition in the girl is generally overlooked.

The irritating effects of preputial adhesion, though common in very young girls, and even in infants, may sometimes be found in older girls, and single and married women. Two factors are present : (a) an irritable condition of the terminal filaments of the pudic nerve, and (b) an unstable or irritable condition of the nervous centers. Hence, neurotic and not phlegmatic individuals are the ones affected.

Measles.—The great thirst and craving for cold drink usually present in measles is often denied for fear of interfering with the eruption,

when, as a matter of fact, free cold water drinking frequently results in the appearance of the desired outbreak, the cooling of the internal surfaces causing the blood to flow outward, thus relieving the intense internal congestion. If the skin is pale and the patient feels chilly, a warm or hot bath will often give relief, and be followed by the appearance of the rash. Oiling the skin after the sponging gives relief from the intense irritation, which is so wearing on the nervous system.—*Good Health.*

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Neurasthenia.—

R. Sodi bromidi, 1 ounce.
Liquoris potass. arsenitis, 1½ ounce.
Ext. ergotæ, 1 drachm.
Tinct. opii camphoratæ, of each 1 ounce.
Aq., q. s. ad 4 ounces.

M. ft. sol. Sig. Teaspoonful in water after meals.—*Pope, Medical Record.*

Publisher's Department.

The Salicylates and the best means of administering them—It would be a work of supererogation to undertake, at this late day, to prove the great and permanent value of the salicylates in the treatment of rheumatism in its various forms. For over twenty-five years salicylic acid and the salicylates have been recognized as standing at the very head of remedies in this class of diseases.

There are however very many and grave drawbacks to the use of either the acid or any of its salts alone in a treatment which may last, as in rheumatism, gout and neuralgia, for a long period of time. Being a powerful antiferment and sharing this property with most of its salts, salicylic acid impairs digestion and soon sets up a dyspeptic condition, almost as intolerable as the pains which it is intended to overcome. Its after-taste can be covered and concealed in no manner yet discovered, so that very soon the patient takes it only with great difficulty.

In Tongaline the salicylates are so combined with corrigents that there is no reactionary rebellion against them by the organs of digestion and assimilation, while their efficacy is not affected in the least. The experience of thousands of physicians corroborates this statement and concurs in the fact that Tongaline affords the very best method of administering the salicylates.

DIAMONDVILLE, WYO., June 10th, 1897.

Kress & Owen Company, New York City:

GENTLEMEN:—I must say I am very pleased with the action of your preparation in a case of post Nasal Catarrh—or to be absolutely correct, a case of Ozeana. The odor was unbearable to any within reach and the man (one of our coal diggers) was a misery to himself. The smell has entirely left, and the membrane is assuming a healthy condition. Please send me two bottles by express, with bill for them, as I forget what the price is. Very truly,

C. H. FIELD, M. D.,
Surgeon Diamond Coal Mine.

The Action of Senna—The action of senna combined with figs is to slowly but effectively evacuate the lower bowels and rectum. This it

does without undue liquefaction of the stools, leaving them in a formed condition; thus daily exercising the muscular activity of the lower intestinal tract, ultimately enabling it to do its own work. California Fig Syrup is preeminently a laxative and not a cathartic. Abundant clinical experience has shown that it does not become progressively inefficient and will not enslave the condition of the bowels so that chronic constipation supervenes. This is an objectionable feature to many other laxatives and cathartics. The purpose of California Flg Syrup is to coax and not to cœrce nature and it is the opinion of practitioners generally that it admirably fulfills this function.

A Reliable Food—Imperial Granum has won the confidence of physicians because many years of clinical experience have proved it to be a form of nourishment that is acceptable to the palate and to the most delicate digestion at all periods of life.

It is successful, not only as an aliment for children, but its rare nutritive excellence in inanition due to mal-assimilation, chronic, gastric, and enteric diseases, has been incontestably proven; often in instances of consultation over patients whose digestive organs were reduced to such a low and sensitive condition that the Imperial Granum was the only nourishment the stomach would tolerate, when life seemed depending on its retention.

BOOK REVIEWS.

A Text-book of the Practice of Medicine—By James M. Anders, M. D., Ph. D., LL. D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-chirurgical College, Philadelphia, etc. Illustrated. Philadelphia; W. B. Saunders, 1897. Pp. 3 to 1287. [Price, $5.50.]

It would almost seem that there are more text-books on the practice of medicine than are required, but a careful perusal of Dr. Anders' work demonstrates the fact that while his book may not be an actual necessity it is nevertheless a very valuable addition to medical literature. First and foremost, one is impressed with the methodical manner in which each subject is treated. The general classification throughout follows the system commonly observed in the older works on practice, but there are certain other features of the book which mark it as decidedly unique. Principal of these features is the importance given to the clinical history of a disease, and the immense value of presenting an accurate clinical picture in the complete description and consideration of a pathogenic condition cannot be over rated.

Pathology is given due attention in accord with the most modern teaching, and this branch though briefly treated in many parts of the book, is unquestionably one of the most satisfactory features of the whole work. But it is under the head of treatment that the author contributes the most valuable portion of his work, and it is his clear, comprehensive and thoroughly complete consideration of the treatment of disease that easily places his book in the front rank. There may be several works on practice as good as this one by Anders, but there are none better. His experience is well shown in his writing, and the liberality and scope of his knowledge gives a tone to his assertions which at once impresses and convinces the reader. No wild theories are thrust upon us by the author. Instead we are impressed with the soundness of his views based as they evidently are on a keen perception and substantiated by not only his own opinion but by the researches of other workers. Matter thus chosen cannot help but make a solid book.

And so we say that Ander's practice is not only good, it is excellent. Such a characterization in this age of books, while it certainly means more

than ever before, expresses in only a meagre way the sincere admiration we have for this worthy product of a talented man.

The publisher's work is just what we have come to expect from Saunders—the best of the printer's art and skill.

Sexual Neurasthenia; Its Hygiene—Causes, Symptoms and Treatment, with a Chapter on Diet for the Nervous, by George M. Beard, A. M., M. D. Edited by A. D. Rockwell, A. M., M. D. Fifth Edition. Cloth, pages 308. E. B. Treat & Co., New York, 1898.

The subject of this work would at once attract attention. Not because of any morbid interest but because every medical worker in general practice is continually meeting cases which can be described and classified in no other way than as sexual neurasthenia. Beard conferred a great favor on the profession when he wrote the above classical book, for he enabled us to account for many things, which previously were only partly understood. The book is a remarkably clear exposition of the subject and the large number of cases presented add greatly to its worth.

The introductory chapters deal with the following subjects; Nature and Varieties of Neurasthenia, Evolution and Relation of the Sexual Sense, The Relation of Neurasthenia to other Diseases, Sexual-Hygiene and Diagnosis and Prognosis, while the greater part of the remainder of the work is composed of a valuable list of illustrative cases and a clear and satisfactory chapter upon "Treatment of Sexual Neurasthenia."

All in all the book is a very valuable one and much gratitude is due the author and editor for the excellence of their work. Their book certainly adds to the store of human knowledge and no higher praise can be expressed. The result of their labors will long out live them and few men achieve as much. Mankind will be benefited by their teachings long after they have gone, and the merit of their work will be recognized more and more by future generations.

Orthopedic Surgery.—By James E. Moore, M. D., Professor of Orthopedia, and of Clinical Surgery in the College of Medicine of the University of Minnesota; Fellow of the American Surgical Association; Member of the American Orthopedic Association; Surgeon to St. Barnabas' Hospital; Consulting Surgeon to the Northwestern Hospital for Women and Children, to St. Mary's Hospital, and to the City Hospital, Minneapolis, Minn. With one hundred and seventy-seven illustrations. Philadelphia: W. B. Saunders, Publisher. Price, $2.50.

Since orthopedic surgery has been wrested from the perfidious hand of the quack and given a legitimate standing in medical science, mechan-

ico-surgery has rapidly gone forward. Several works have been published on this subject, but most of them have been exhaustive treatises. The above book, however, was written to fill the demand by students and practitioners for a handy reference book, which, while brief, would yet be complete enough to be useful. That the author has succeeded is very evident. Probably the strougest part of the book is that devoted to diagnosis and treatment, the author's object evidently being to enable the reader to easily recognize a pathologic condition and correct it at once in the simplest and at the same time most efficient manner. The author in his writings shows none of the egotism and bigoty so frequently manifested by surgeons in general and othepedists in particular. His experience has undoubtedly been large, but he gives due allowance to the findings and opinions of his co-workers in the same field.

The book is unusually well written and while it does not contain much that is new or startling, it is just what it purports to be—a brief comprehensive demonstration of orthopedic surgery. The illustrations are fine and particularly well adapted to the text. In every way the book will make a valuable addition to any library and a very profitable one for study and reference

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The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society.

Vol. IV. *MAY*, 1898. No. 5

The Modern Management of Diphtheria and Croup Cases.*

By Augustus Caillé, M. D., Professor of Pediatrics, Visiting Physician to the Post-Graduate and German Hospitals, New York.

Diphtheria and tuberculosis have received more attention from the medical profession during the past ten years than any other prevalent disease. Since *Behring's* great discovery of diphtheria antitoxine the management of diphtheritic inflammation has become so totally different from the former empyrical and unsatisfactory treatment that no apology appears to be necessary for a renewed presentation of the subject, particularly if presented from a practical standpoint, and after a twenty years' experience in public and private practice.

Before we enter upon the treatment proper it may not be out of place briefly to speak of the value of bacteriological diagnosis. The acceptance of the Klebs-Loeffler bacillus as the specific causative factor in diphtheria has made it necessary to give a name to membranous sore throat in which the bacilli are not found, but in which various cocci are invariably present. This

*Read before the 84th Annual Meeting of the Vt. State Medical Society.

variety is at present called *pseudo-diphtheria ;* and some modern text-books therefore speak of *primary and secondary true diphtheria*, and *primary and secondary pseudo-diphtheria.* Although the mortality of pseudo-diphtheria is not as high as that of the Klebs-Loeffler variety, still it is a very dangerous disease and inasmuch as we cannot distinguish clinically one variety from the other, and inasmuch as valuable time is lost in waiting for a culture test—which, by the way, is not always conclusive or final—every attempt to adjust treatment in accordance with the bacteriological classification must be looked upon as a failure in the present state of our knowledge.

While fully cognizant of the scientific and practical value of bacteriological research, I am ready to confess that failure to clear up doubtful cases by cultures, and in good time, is a daily occurrence. Moreover, it is well known that in localities in which diphtheria is endemic, the majority of cases eventually prove to be a mixed infection ; consequently the physician will be wise to look upon all acute throat affections in children, attended with fever and swelling of the lymph nodes, or upon membranous rhinitis without fever, or upon hoarseness with slow progressive stenosis as suspicious of diphtheria, and treat accordingly. The bacteriological diagnosis of diphtheria may be made in several hours by means of Loeffler's glucose blood serum and the incubator ; still, to wait even a few hours for a bacteriological diagnosis, is not wise. The culture test should be looked upon as a confirmative one, and nothing more.

In tuberculosis, gonorrhea, typhoid fever, malaria, etc., the microscope establishes a positive diagnosis after which we may institute rational treatment, but in diptheria our *specific treatment* comes *first*, the *microscope*, *last.*

Another point worthy of brief consideration is the difficulty of distinguishing clinically between follicular tonsilitis and diphtheria.

As recognized by Dr. A. Jacobi more than thirty years ago, no amount of experience will enable the physician to distinguish

the two affections. *What looks like a tonsilitis to-day may be a virulent diphtheria to-morrow;* such cases should be isolated and treated as diphtheria. If a subsequent examination proves the contrary, no harm has been done. In practice, the physician who will act in accordance with these views, will have more success in the management of such cases than he who poses on an ultra scientific pedestal, waits for the culture test in diphtheria, and writes death certificates.

CLINICAL AND CHARACTERISTIC VARIETIES OF DIPHTHERIA.

Although diphtheria is quite rare below the age of eight months, it is occasionally found in very young infants. During the past winter two cases of Klebs-Loeffler diphtheria came under my observation in babies less than three months old. One was a case of naso-pharyngeal diphtheria, which recovered after two doses of antitoxine à—1,000 units. The second case was one of diphtheria and croup, contracted from a nursing mother suffering from so-called tonsilitis.

The child died, and the diagnosis was confirmed by autopsy and culture. *The membrane* in true as well as in pseudo-diphtheria, presents many variations from a thick and cheesy, to a thin, veil like deposit; occasionally the surface appears as though smeared over with pus, and frequently we notice an *infiltration* of the mucosa without detachable membrane. The latter form may persist for weeks if *antitoxine* be not used, and if the local treatment be at all harsh and irritating.

Diphtheria runs its course as a *mild case*, a *septic case* or a *stenosis case;* but we can never determine at the onset whether a case will progress favorably or terminate fatally. Its characteristics are the formation of a membrane, the presence of fever, indurated lymph nodes in the neck, sepsis, laryngeal stenosis. In membranous rhinitis, and membranous laryngitis, there is usually no fever.

The following clinical varieties will be met in practice:

1. So-called follicular tonsilitis.
2. Primary diphtheria of tonsils and pharynx.
3. Primary naso-pharyngeal diphtheria.
4. Primary nasal diphtheria; also called membranous rhinitis or diphtheria larvata.
5. Primary laryngeal diphtheria (membranous croup).
6. Diphtheria without membranes (simulating simple angina).
7. Secondary diphtheria, following measles, scarlet fever, pertussis, etc.

The difficulty of distingnishing clinically between follicular tonsilitis and diphtheria is well shown in the following case: A boy four years old, took sick with what was believed, by an intelligent colleague, to be follicular tonsilitis. Two days later the tonsils and throat looked normal, and the physician ceased calling on the patient. On the fifth day a croupy cough and laryngeal stenosis developed. Antitoxine was at once given, and on the day following the boy was neither better nor worse. Toward evening on the sixth day the child, while sitting in bed and playing, died very suddenly—probably of heart paralysis. Culture tests showed presence of diphtheria bacilli.

Diphtheria without membrane may lead to annoying controversy. A girl of five years affected with a chronic nervous trouble, for which she was under treatment at the Post-Graduate Hospital, became acutely ill, with high temperature, vomiting and mild cerebral symptoms. I saw her, in consultation, on the third day of her illness and found her mouth and throat a dusky brown red, bleeding to the touch, temperature 103 degrees, lymph nodes swollen, *no false membrane* anywhere. My diagnosis of septic diphtheria was rejected by the health officer because a culture-test made in the meantime at the post-graduate laboratory and the health board laboratory proved negative. On the day following a second culture-test showed virulent Klebs-Loeffler bacilli, and the health officer permitted the case to go to the Willard Parker Hospital.

Diphtheria which simulates a simple or scarlatinal angina belongs to this group. Diphtheria in the anterior nares gives very few symptoms: a running nose, excoriation at nostrils, snuffles, no fever, is about all. This may go on for weeks, when an extension into the naso pharynx or larynx is manifest by other or subjective symptoms. The Germans call this form *diphtheria larvata*, and in all such cases a culture will show the true state of affairs. Ordinary thrush (oidium albicans), can hardly be mistaken for diphtheria, but *diphtheria of the mouth may be mistaken for stomatitis*, and patches of leptothrix are frequently called diphtheria, particularly when associated with tonsilar inflammation, painful and swollen nodes and fever.

Leptothrix patches will be found protruding from the crypts or margins of the tonsils, and are very difficult to scrape away, they also resist the action of various caustics to a remarkable degree, and sometimes make repeated scrapings and cauterization necessary.

PROPHYLAXIS AND IMMUNITY.

Although the contagionsness of diptheria is well established, it must be borne in mind that it is not so readily transmissable as scarlatina and other infections. Moreover, that it can readily be prevented.

At the present time the prevention of the spread of the disease is quite beyond the control of the central government. For information on municipal control, school hygiene, school inspection, isolation hospital, and general and local disinfection, the writer would refer to test-books and monographs, and to his various articles on prevention of the spread of diphtheria and scarlatina.*

*In the transactions of New York Academy of Medicine, 1886; American Pediatic Society, 1890; International Medical Congress, Berlin, 1890; Archives of Pediatrics, 1896.

PERSONAL PROPHYLAXIS AND THE NASO-PHARYNGEAL TOILET.

The proper management of the naso-pharynx in children and adults is one of the most important subjects in practical medicine.

The naso-pharynx is the usual site of entrance of diphtheria, and to this locality the preventive measures must be directed. In a contribution to the proceedings of the New York Academy of Medicine in 1884, the writer has shown that chronic nasal catarrh, adenoid vegetations, enlarged tonsils and carious teeth, favor diphtheria infection, and that *in the absence of such conditions the instillation of a weak salt or alkaline solution into the nose morning and evening will prevent diphtheria in those exposed or prone to contract it.*

The general practitioner should see to it that in all children coming under his professional care, adenoids, if present, be removed by the post-nasal forceps and Gottstein's curette, that hypertrophic tonsils be resected, and carious temporary teeth be filled or extracted.

The naso-pharyngeal toilet, as advised by the author, consists in the instillation into each nostril by means of an ordinary teaspoon, a spoonful of salt water, 1 per cent, boric acid water, 2 per cent, or listerine, in water, 10 per cent, morning and evening (at bed time and on rising), as the children lie on their backs, with nose tilted up and mouth open. The liquid does not wash through at once; some of it remains in the various recesses of the nasal cavity, and it is eventually sneezed out or swallowed. In this way putrescible matter and bacteria are washed away. (Mechanical antisepsis). Where additional chemical antiseptic action is desired a 1-5000 mercuric bichloride solution, or Labarraque's solution, 10 per cent, or a rose-colored permanganate of potash solution should be employed.

The naso-pharyngeal toilet, carried out in the way described, is indicated for (1) all healthy children from one year up, who live in infected localities, and (2) for all healthy children directly exposed to diphtheria infection.

It is also the *best method of local treatment in all cases of diphtheria*, in which instances it whould be resorted to every two hours; moreover, it is the most satisfactory *local routine treatment* in all diseases in which diphtheria frequently sets in as a complication, *e. g.* in scarlatina, measles and pertussis: furthermore, it is a necessity *before* and *after* tonsilotomy and all operations on the nose and throat. This method is far superior to gargling, and the writer, after an experience of more than fifteen years with this method, again takes pleasure in recommending it on account of its great value and harmlessness. It has been tested in private practice and institutions, many physicians have employed it, bacteriologists have reported upon its usefulness, and have shown that weak solutions are as efficacious as strong ones.

In many forms of reflex cough, also of tubercular origin, it is far superior to nauseating expectorant mixtures, and in all forms of fibrile disease in which the nasal secretion becomes dry, crusty or hardened, half a teaspoonful of salt water into each nostril affords much relief.

The naso-pharyngeal toilet not only does not provoke middle ear or accessory sinus complications, but according to the experience of the writer, apparently prevents them.

Immunity. Specific and direct immunity is secured for those exposed to diphtheria by means of *antitoxine*. *The period of immunity varies from three to six weeks, which is sufficient for all practical purposes in times of epidemics or house infection.* Aside from the reports which come to us from abroad, we have reliable reports from various hospitals for the treatment of children's diseases throughout the country which go to prove the absolute value of antitoxine as an immunizing agent. The immunizing dose is 200 units and all exposed children should receive this quantity.

TREATMENT.

(*a.*) By antitoxine. (*b.*) Supplementary treatment.

(*a.*) *Antitoxine.* Dosage. Indications.

The treatment for diphtheritic inflammation consists in the *early* and *proper* administration of *reliable* antitoxine, supplemented by the naso pharyngeal toilet. The time for discussing the pros and cons of antitoxine treatment is past; the specific curative power of this remedial agent is an established fact. Behring's claim that if antitoxine be used early the mortality from diphtheria will not exceed five per cent, is borne out by the reports of competent clinicians all the world over. Opposition to anything so radically new as the Behring's discovery, is one of the associating features in the evolution of scientific medicine. Vaccination and antiseptic surgery stand in evidence of this fact. Any practitioner who studies the collective investigation reports for 1896 and 1897, on antitoxine for diphtheria and croup in private practice, issued by the American Pediatric Society, and fails to use antitoxine because he "*he does not believe in it*," should not be entrusted with the management of a case of diphtheria, and the practitioner who *thinks* a case is mild, and waits for severe symptoms before using antitoxine, utterly fails to grasp the situation, and will frequently be disappointed.

INDICATIONS FOR ANTITOXINE.

Antitoxine is indicated in doses of 200 units for immunizing exposed persons, and in doses from 1,000 to 2,000 units to combat the disease.

1,000 units for very young children.

1,500 units for older children.

2,000 units in croup cases.

It should be employed at the earliest possible moment, and the dose repeated the following day and subsequently as often as is necessary. I have given 10,000 units in one week to a child nine months old, and have seen no ill results. The dosage is expressed in units, and not in the serum quantity; the preparation having the highest number of units in the least quantity of serum, and from an *absolutely reliable source*, is to be preferred.

The injections are made in any region where a fold of skin can be picked up—the skin, the hands of the physician and the syringe must be *clean*. Any syringe will answer, but the best syringe is one made entirely of glass, and now obtainable in the shops.

The writer also injects a curative dose of antitoxine in every case of *scarlet fever* coming under his notice, because this disease is frequently complicated with diphtheria, and he also administers a curative dose in case of *measles* and *whooping cough* if the throat shows the slightest appearance of a pseudo membranous patch. It would appear rational to give an immunizing dose in puerperal cases, where a diphtheria case exists in the same house; also to children on whom an operation is to be done in the nose or throat and where the culture test shows the presence of diphtheria bacilli without clinical symptoms. Antitoxine is also indicated in *diphtheria of the eye*, which is, fortunately, very rare. The more common croupous conjunctivitis is not to be confounded with eye diphtheria, in which the eyelids are phlegmonous and hard.

The antitoxine rash, which is noticed in a certain number of cases, has no very characteristic features and may readily be mistaken for scarlet fever or measles rash; its appearance is not usually heralded by a rise of temperature and increase of other symptoms.

As regards the combined use of *antistreptococcic and antidiphtheritic* serums in cases of mixed infection, no positive advice can be formulated at the present time.

LOCAL SUPPLEMENTARY MANAGEMENT.

The local treatment of diphtheria must be *mild*. Swabbing the throat in diphtheria is harmful, and should not be practised. Solutions used as gargles do not reach the naso-pharynx; the spray is only to be employed in cases in which force need not be used, *e. g.*, in docile children. The best way to cleanse the naso-pharynx is to pour the liquid into the nose from a spoon; if the nose is partly or almost completely stopped up, a blunt piston syringe,

or a Davidson's or Fountain syringe, must be employed. In septic cases the irrigation is best done as the children lie on the side in order to avoid any sudden strain and collapse. For the majority of cases, instillation by means of a spoon will suffice. This may be done every hour or two, and if necessary day and night, according to the severity of the case. If syringes are used the stream should be directed horizontally, and not upward. Syringes should not be used if bleeding follows each irrigation.

The following liquids may be employed:

Permanganate of potash—rose colored aqueous solution.

Mercuric bichloride in water, 1-10,000.

Listerine, 1 to 10.

Salt water, teaspoonful to pint.

Lime water.

Alum water, 5 per cent.

Labarraque's solution in water, 1-20.

Peroxide of hydrogen has shown itself to be an active irritant in the hands of the author, and aids the spread of diphtheria, and should therefore not be used in diphtheria.

Any of the above liquids may be used as a gargle when children are able to gargle. *Excoriations* at the angles of the mouth, and at the nostrils, usually heal under camphor ice.

Antitoxine, with mild local treatment and judicious stimulation, will suffice for ordinary cases seen in good time; but as cases will come under observation, in which valuable time has been lost in temporizing with household remedies, the physician will not be spared the management of various *complications* which will now engage our attention.

Medication. The local antiseptic power of a teaspoonful of medicine, as it glides over the tongue and down the œsophagus, is practically *nil.* The yellow chlorate of potassium and iron mixture, and the mercuric bichloride mixture, will not be necessary where antitoxine can be had, and should under no circumstances be given a patient with an irritable stomach. As an aid to digestion the following mixture is efficacious:

R.

Fairchild's ess. of pepsine, oz. ii.
Acid muriat dilut. dr. ss.
Teaspoonful 4 times a day.

In septic cases, 5 drops of the tincture of chloride of iron may be given every four hours.

Stimulation. Whiskey, American Tokay wine, champagne, coffee, strychnine gr. 1-50, three times a day. Camphor, gr. ½ to 1, three times a day. Benzoate of sodium and caffeine, dose, grs. 1-3, also subcutaneously dissolved in water. Camphorated oil and ether, equal parts 5 to 15 drops, subcutaneously. When the stomach is irritable, stimulating drugs can be given subcutaneously or per rectum.

Fever. High temperature can be reduced by cold and lukewarm sponge and tub baths. To give an anti-pyretic drug regularly every two or three hours is very bad practice; one or two doses in twenty-four hours, particularly at night, are serviceable. From 3 to 10 grains of phenacetin with ½ grain caffeine or lactophenin with caffeine in the same dose may be given. Antipyrin is a safe antipyretic, and as it is soluble in water, from 3 to 7 grains can be given per rectum. In cerebral unrest an ice cap is advisable. Quinia should never be given as an antipyretic in any but malarial disease.

Vomiting. In cases of incessant vomiting, stop all internal medication and give only 1 to 2 drops tincture of iodine in sweetened peppermint water every hour or two, or, wash out the stomach.

Diarrhœa. In many septic conditions a mild form of diarrhœa may complicate matters. This can usually be checked, if necessary, by a diet of burnt flour gruel or cornstarch pap, and by omitting milk food for a time. Should this not suffice, 5 grains of tannic acid or tanningen given with chocolate, or ½ grain of acetate of lead with sugar of milk, or ½ grain of camphor with 1-5 grain of Dover's powder will check the diarrhœa.

Albuminuria and nephritis are frequent complications of diphtheria. A stiff dose of calomel and jalap, and one or two warm baths a day to promote diaphoresis, will be the treatment in such conditions. In nephritis, with dropsy as a sequela of diphtheria, an infusion of digitalis may act as a diuretic by improving the circulation.

Convulsions. Initial convulsions indicate intense infection or nervous reflex irritability, for which an enema, a warm bath, and hydrate of chloral, grs. iii., and potassum bromide gr. v. are indicated, per os or per rectum. Terminal convulsions, indicating heart failure and cerebral inanition, give an unfavorable prognosis. A warm bath and stimulants are here indicated: 5 drops of camphorated oil and 5 drops of ether subcutaneously every few hours.

Dry Tongue. The tongue is sometimes so hard and dry that pain and difficulty in swallowing result. For this condition glycerine and rose water, equal parts, applied with a brush, affords relief.

Pseudo-membranous conjunctivitis is occasionally seen in severe diphtheria cases. This readily yields to ice compresses and the boric acid spray. In true *diphtheria of the eye*, in which the eye-lids are much swollen and indurated, antitoxine must be used in large doses. Fortunately, as has already been said, this condition is very rare.

Otitis media, due to an extension of the septic process through the Eustachian tube, is frequently observed, but the earache is not nearly as intense as in ordinary otitis media and rupture of the drum head takes place readily. The ear should be cleansed with mercuric bichloride solution 1-5000, or a warm boric acid solution with cocaine, or menthol in sweet almond oil dr. j. to dr. (v) should be instilled.

Hemorrhage from sloughing of the tissues is a very dangerous and distressing complication. If possible, the bleeding spot should be located by means of a strong light, and directly cauterized with the actual cautery, lunar caustic, chloride of zinc, alum

solution, or antipyrine and tannin. The styptic iron preparations are not so applicable on account of the large grumous blood clots which invariably form.

Phlegmon, and induration of the tissues of the neck, with indistinct fluctuation of cervical lymph nodes, are best managed by a large incision through the entire dense and thick skin down to the glands. The latter are usually in a friable, spongy state with little pus spots scattered through the tissue and can readily be broken up by pushing a blunt director or dressing forceps through the capsule and sweeping it around in various directions in order to break up the necrotic tissue. Make one abscess cavity which can readily be drained by means of iodoform or bichloride gauze under a moist dressing. The neighborhood of such a diphtheritic and gangrenous wound occasionally has an erysipelatous appearance, which usually subsides under the application of cold lead lotion.

PARALYSIS AND ATAXIA FOLLOWING DIPHTHERIA.

Paralysis of the soft palate is not rare. A stationary palate, a nasal voice and food regurgitated through the nose, are the characteristic symptoms. For this condition, as well as for the *temporary locomotor ataxia*, which is occasionally observed, we require fresh air, baths, massage, the interrupted current and 1.50 grain of strychnia, three times a day, by mouth or under the skin. The antitoxine treatment has not made paralysis cases more frequent, nor does it appear to facilitate the recovery from such complications.

A gradual paralysis of the respiratory muscles, including the diaphragm, as shown by a weak cry and rapid superficial breathing, is a very serious condition to deal with.

In addition to the general treatment just announced, the cold douche and artificial respiration may do good. *Sudden death from heart paralysis* gives no chance for treatment. In all cases of septic diphtheria, early and proper stimulation may prevent it.

The anæmia, which is known to follow in the wake of diphtheria and other infectious diseases, demands tonics such as fresh air and iron. I have publicly protested against the detention of children in ill-ventilated apartments of tenements and flats, by the local health board, for weeks after an attack of diphtheria, and until all bacilli have disappeared from the throat; and I believe the majority of physicians will be of the same opinion on this question. *Broncho* and *lobar pneumonia*, *thrombosis of veins and arteries*, and other remoter complications, will come under observation, and will call for proper management.

DIET.

Milk, vichy, matzoon, koumyss, beef peptonoids, corn starch, custard, icewater, cream, farina, cocoa, eggs, raw meat, burnt flour soup, whiskey, California tokay, coffee, tea, punch, ice, champagne, pineapple juice, somatose.

The diet in diphtheria is of prime importance, the food should be nutritious and digestible.

Forced feeding is proper in exceptional cases, but it is well to remember that children with febrile and septic disease have little desire for food, and that the stomach will resist all attempts at over feeding. Somatose is an ideal soluble meat without taste or smell, and can be given without cocoa, milk, gruel, rice, etc.

For *rectal alimentation* we inject a mixture of whiskey, egg yolk, beef peptonoids, warm water.

Gavage will be mentioned in the chapter on croup.

CROUP.

In practice we recognize (1) a *croupy cough*, without stenosis; (2) *a catarrhal or pseudo-croup* with dyspnœa, and (3) *true croup*, in which the stenosis is progressive and frequently necessitates operative interference. The croupy cough is common in children with adenoid vegetations, follicular pharyngitis or large tonsils; it usually begins at night and yields to the mildest treatment. A cloth wrung out of cold water around the neck, salt water dropped into the nostrils and a hot drink is all that is necessary for

the time being with subsequent curettage or cauterization of the swollen follicles in the pharynx. Emetics are not indicated, although very popular with that class of parents who delight in goose grease and turpentine.

As a type of *pseudo-croup* with dyspnœa, the croup of measles is characteristic. Here we have to deal with catarrhal laryngitis or œdema of glottis, which rarely goes on to complete stenosis; the treatment is the same as for "croupy cough." Only in extreme cases will local scarification of the œdamatous tissues or intubation be necessary. The so-called *true croup* is either a primary membranous laryngitis or is secondary to diphtheria of the naso-pharynx. *In primary membranous croup the pharynx is pale, and the temperature normal, and the onset is never sudden; hoarseness, aphonia and stenosis come on gradually*, whereas in pseudo-croup the onset is generally sudden, the pharynx is usually congested and there is fever.

About eighty per cent of membranous croup cases are known to be cases of Klebs-Loeffler diphtheria; in about twenty per cent this bacillus has not been found. True croup should, therefore, be quarantined as diphtheria.

The secondary croup with stenosis is either due to an extension of the membranes downward or to the swelling and œdema of the tissues adjoining a diphtheritic patch. Urgent laryngeal stenosis, secondary to various forms of nose and pharynx diphtheria, is, therefore, *not necessarily membranous*, but the treatment is practically the same in both instances.

Treatment of croup with urgent stenosis. Before the advent of antitoxine the best treatment for true croup, before operation, was *mercury or calomel*, internally, by inunction or by fumigation, and it is well known to experienced physicians that intubation and tracheotomy gave better results when mercury had been administered. Mercury bichloride, gr. 1-32, was given every hour for one to two days, or 20 grains of calomel were volatilized over a lamp, under an improvised tent, every three hours for twenty-four to forty-eight hours. The spray and

croup kettle have very little value, and emetics in any shape are productive of evil. I have never seen membranes dislodged by emetics, except in instances where they came from the pharynx or surface of the epiglottis, and I am positive that they sap the strength of the patient. Now that we have specific treatment we will not discuss in detail our former mangagement of croup cases, because the best treatment of croup, before operation, can be mentioned in one word—*antitoxine*. Here, again, I refer the skeptic to the report of the American Pediatric Society on laryngeal stenosis, which tells the whole story, reflecting, as it does, the experience of hundreds of physicians, and sifting the evidence in a judicial manner. Briefly, the report says: Before the use of antitoxine 27 per cent of intubation cases recovered; now 73 per cent recover Sixty per cent of stenosis cases do not require operation if antitoxine be used in time, and an early use of antitoxine will lower the mortality of intubation cases still more.

The writer's personal experience can be summed up in a few words. Tracheotomy and intubation cases, before antitoxine, 280 cases, 30 per cent recovers; 17 intubation cases, with antitoxine, three deaths. Over one-half of all laryngeal cases treated with antitoxine, recovered without operation. In every case of acute progressive stenosis 1,5008 to 2,000 units of diphtheria antitoxine, should be administered at once, and the dose may be repeated in twelve to twenty-four hours, and so on, until relief is manifest. As soon as the stenosis becomes less urgent, and the cough somewhat loose, the main danger is over, and camphor gr. ½, or spir. ammoniæ, aromat., gtt. x., may be given as an expectorant and stimulant, four times a day. The same management should be resorted to in urgent stenosis following scarlet fever, measles, pertussis or nasopharyngeal diphtheria, or so-called tonsilitis, together with the nasopharyngeal toilet, as before described. When antitoxine fails to check a progressive stenosis, the time for operative interference is close at hand. The proper time for the operation is a matter of experience; the physician should not wait until the patient is cyanosed and the pulse intermittent.

Intubation is the art of introducing tubes into the larynx and removing them at the proper time. In combination with antitoxine, intubation is one of the greatest blessings at the disposal of the physician. *Dr. J. O'Dwyer* of New York, is the inventor of our present method of tubing for croup. The instruments he devised have been in general use since 1886, and although a number of modifications have been suggested, none has come to the writer's knowledge which is in any respect an improvement on the original method with the exception of Denhard's gag, which is universally used. Many of the modifications are useless and bad. The operation of intubation and extubation is not, in itself difficult; but everyone contemplating becoming a safe operator should practice the operation on the cadaver. Its *modus operandi* cannot be learned from text. In the course on intubation, given under my direction by Dr. Wm. C. Guth, at the New York Post-Graduate Medical School, I have found that only colleagues, with a short and thick index finger, have great difficulty in learning to tube properly.

It may be in place to dwell briefly upon some important points as regards *feeding and medication, duration of wearing the tube, intermittent intubation, the management of cases where the tubes have been coughed up, secondory stenosis from cicatrix, granulations or œdema, selection of special tubes for œdema of epiglottis and venticular bands, retained tubes, etc.* A new, or newly plated tube, should be used for each case. If the operator be in doubt as to the proper size, the smaller should be chosen. The tube may be disinfected immediately before using in boiling water, and a minute quantity of iodoform ointment may be used as a lubricant. When the tube is in the larynx, and not blocked by detached membranes, a characteristic moist rattle will be heard as the air is forced in and out in respiration. Before removing the gag the left index finger is rapidly passed to the head of the tube to determine positively that the tube is in its proper place, then the string and finally the gag are removed. It is best not to use a string which is too strong to be broken, for

in case it should become wedged in its eylet, the string may be broken away with the index finger at the head of the tube to prevent dislodgement.

If a detached membrane has been forced down, the child will become more cyanotic, whereupon the tube should be pulled out by its string and reintroduced after the detached membrane has been expelled by coughing. If a tube is coughed up after having been in the larynx a day or two a re-introduction is not neccessary until urgent symptoms demand it, and if a child has great difficulty in swallowing food, the tube may, in exceptional cases, be taken out once a day for the purpose of proper feeding. The writer many years ago suggested intermittent intubation for purposes of feeding.

Feeding. Some children will swallow liquids without difficulty, others will swallow semi-solids best, such as custard, scraped meat, ice cream, sponge cake soaked in milk, hard yolk of egg, farina with egg or somatose, matzoon, ice. Most children will swallow well in the dorsal-horizontal posture. Forced feeding by means of a tube (Gavage) may become necessary, the tube being introduced through nose or mouth.

Medication. Stimulants, heat tonics, antipyretics can be given with the food or subcutaneously or per rectum. Tubes may be removed after two, four or six days. Antitoxine has shortened this period very much. When it is noticed that greenish muco-pus is coughed up through the tube it is time to remove it. To avoid pressure-necrosis, a tube should not remain longer than six days. A case of cicatrical stenosis was reported by the writer at a meeting of the American Pediatric Society, Montreal, May, 1896, but in his own experience no such accident has occurred. A moderate secondary stenosis after the removal of a tube may be relieved by a few 5-grain doses of antipyrin.

Retained intubation tubes. A stenosis which occasionally persists in intubation cases is usually the result of traumatism, *i. e.* laceration during attempts at intubation, and pressure-necro-

sis from badly constructed tubes too long in the larynx and roughened by calcareous deposit. Cicatrical stenosis or granulations will be found at the entrance of the larynx at the base of the epiglottis. In my own cases such a distressing complication has not happened, but two such cases have come under my notice in one of which there was also obstruction due to granulation tissue and œdema in the subglottic region. Such cases require expert management, and each case will need its own treatment. Hard rubber tubes for long wear, built-up tubes with extra large heads and large retaining swell are called for. Accessible granulations may be removed. Superficial granulations may be attacked by coating the tubes with gelatin and alum or tannin, as suggested by O'Dwyer. In some cases tracheotomy must be done, with subsequent local treatment and dilations. Specially built-up tubes are also used when swollen tissue overrides the head of ordinary tubes in primary intubation.

Secondary stenosis, after intubation, due to abduction paralyies, has been reported, but lacks confirmation. Antitoxine and intubation combined have given such brilliant results in croup that tracheotomy is now rarely performed in this country for diphtheritic stenosis. In certain cases, however, it may be employed in preference to intubation. Such a case was reported to the American Pediatric Society by the writer, in 1889 (Transactions, Vol. ii). It was a case of diphtheritic croup in a girl of twelve. In listening to the noisy respiration a loud "flap" sound could be heard, which indicated a loosened membrane. Tracheotomy was done in preference to intubation, and a large and dense membrane was readily removed through the tracheal opening. The child recovered. A rapid tracheotomy may become necessary if, in the act of tubing, the stenosis should suddenly become complete. This accident has happened to the writer in tubing an adult for stenosis of several weeks' standing and of unknown origin. The tube struck a subglottic vascular new growth which bled freely into the bronchi. A rapid tracheotomy was performed, and the hemorrhage fortunately arrested, the patient

making a complete recovery. Intubation in the adult is a difficult and rather unsatisfactory procedure. In diphtheria cases with great swelling of tonsils, uvula, and at entrance to larynx, tracheotomy would probably be the most satisfactory operation.

Tracheotomy is not a difficult operation, but is as a rule, an unpleasant one. In performing the operation the surgeon is fortunate if one trustworthy assistant is at hand, who is expected to administer the anaesthetic and assist at the wound as well. Now, if the patient is in any way troublesome, as is frequently the case, the operator may not be able to proceed with the necessary ease and facility. In such a case the author's *Automatic Retractor* will be of service; it will keep the edges of the wound well apart; it may be hooked into the fascia as the several layers are divided, it will hold aside such blood vessels as are in the way of the knife, and may finally be hooked into the edges of the tracheal wound, the trachea may be examined at leisure, and there need be no haste in getting the tube into its place.

The instrument devised many years ago consists of a rubber band to each end of which is attached a curved double hook of nickel-plated steel. It can be used as a general retractor in operations requiring careful dissections in different parts of the body; but it is especially applicable to the neck.

The rubber must be renewed occasionally.

With a bottle, wrapped up in a towelling to act as appropriate support at the nape of the neck, and the child under chloroform, an incision is made about two inches long, from the superior border of the thyroid cartilage, downward. The best guide is the cricoid ring, which is the most prominent part to be felt in children. After the skin has been incised the superficial fascia is divided on a director, and the presenting veins are held aside by means of the author's retractor. To get at the three upper tracheal rings above the thyroid isthmus, we make a transverse incision into the deep fascia where it inserts into the cricoid cartilage (Boze's point). This done the deep fascia, and with it

the isthmus of the thyroid gland can be pushed downward with any blunt instrument, and enough space gained to open the trachea. The trachea can also readily be reached below the isthmus of the gland by means of blunt preparation and by the aid of the automatic retractor, there being little else but fat and dilated veins presenting in this region. In opening the trachea we cut from below upwards, and do not plunge the knife into the trachea with any force so as to avoid injury to the posterior tracheal wall. After membranes and secretions have been expelled by coughing, the tube is introduced and secured by a tape around the neck. The tube is removed at least once a day and cleansed, and should not be discarded until the patient is able to breathe for days with the inner tube out and the outer tube closed with a cork.

To cleanse the tracheotomy wound with the tube in situ the writer attaches a rubber tube six inches long to the tracheotomy tube, and uses a strong spray of any desirable antiseptic solution; the attached rubber tube prevents the spray fluid from entering the trachea, and permits breathing at the same time. When there is much difficulty in expectorating the secretions, a few drops of salt water occasionally dropped into the trachea through the tube, will facilitate their expulsion. Feeding and medication present no difficulties. Secondary granulations are excised or cauterized, and intubation may be done to discard a tracheotomy tube in difficult "decanulement."

DISINFECTION OF THE SICK ROOM.

The general principles involved in the prevention of infectious disease are not complex.

1. Isolation of patient, and avoidance of sick-room.

2. Disinfection of rooms and contents by steam or chemicals, or by cleanliness and sunshine, personal disinfection and prophylaxis, including fortifying the system.

3. Ventilation to prevent concentration of poisonous matter.

The management of diphtheria and scarlet fever in a private house according to these principles is not difficult. The patient is isolated in a clean room, bare of all but the necessary furniture. A hall bedroom, or one on the top floor, is to be preferred. In some instances it may be advisable to keep the patient in the ordinary bedroom, occupied at the time of taking sick, and quarantine, in the best manner possible, this floor, of the house already infected. The well children are to be kept from school and church. Where the intercourse of parents with a sick child cannot be avoided, even when trained nurses are employed, it may become necessary to isolate the well children. Food and drink not consumed by the patient must be burned or disinfected in a slop jar holding chlorinated soda solution. Dishes should be rinsed in soda solution, 5 per cent., and a sublimated solution 1.1000, before returning them to the kitchen. As dried sputa are liable to spread through the air, all expectorated matter should be received by rags or paper spitoons, which are to be burned, or into a jar holding a sublimate solution, 1.1000. The sick room should not be swept with a broom, to avoid raising dust. For cleaning purposes employ moist rags, which are to be burned. Urinals, bedpans and fæces are treated with quicklime, bichloride solution, 1.1000, or Labarraque's solution.

The nurse should not eat or drink in the same room with the patient, and before going to meals she should clean her hands and arms with green soap and sublimate solution, 1.1000, and put on a clean, long, loose gown, which hangs outside the sick-room. During the period of desquamation, the patient should receive a daily bath of tepid water containing green soap. At the termination of a case the nurse takes a bichloride bath, 1.2000, and washes her hair with the same solution. In case of death, the body is to be wrapped up at once in a bed-sheet soaked in mercuric bichloride solution, 1.1000, and no public funeral is to be permitted. The sick-room and all objects in it must be disinfected. Hard finish or painted walls and ceilings and floors may be wash-

ed or sprayed with disinfecting fluids. Papered walls may be rubbed down with a damp cloth or bread crumbs; or, better still, the paper should be removed. A fresh coat of kalsomine or whitewash is advisable whenever it can be applied. After disinfection the windows must be kept open day and night for several days. Carpets, upholstered furniture, and other articles can be disinfected by steam through the Health Board, or at private disinfecting plants.

Recently Formalin vapor has been extensively used for disinfecting sick-rooms and their contents, and, as far as my experience goes, I consider it to be a powerful disinfectant, far superior to sulphur. Formalin vapor is generated in an apparatus which permits the gas to be discharged by means of a tube through the keyhole into a room which is otherwise tightly closed. Quite recently Formalin lamps have been introduced by Shering & Glatz, of New York, for use in families, in which Formalin is generated by heating tablets of para formaldehyde over a lamp.

In regard to the question as to when it will be safe to send children who have had diphtheria back to school, we should judge by the culture test. Whenever this test cannot be employed we should wait at least three weeks from the disappearance of clinical symptoms, during which time the naso-pharyngeal toilet should be diligently carried out.

753 Madison Ave., N. Y. City.

Chronic Gastritis.

BY LOUIS A. KENGLA, M. D., SAN FRANCISCO, CAL.

A report of a very severe case of gastritis was freely copied in medical journals during the year 1896, in which glycozone was successfully used.

At that time, J. W., aged 38, a blacksmith, came under my care. His illness began in 1894 with the usual symptoms of gastritis. In January 1895, he had become so much worse that he placed himself in the hands of one of our best physicians, under whose care he continued until November of the same year, when I was consulted.

After hearing his story and the treatment given, I urged him to return to his physician, insisting that nothing more could be done. My protest was in vain.

Examination revealed an emaciated, thin and badly nourished body; his eye, skin and color, fair though pale; his temperature normal; the bowels inclined to constipation with occasional diarrhœa with whites, pasty offensive stools; the lungs, heart and kidneys healthy; the liver a trifle small.

There was no painful point and no evidence of enlargement, tumor or ulcer. He was so thin that the abdomen could be most thoroughly examined. His tongue was heavily furred, red at the tip, indented at the edges, and the papillæ red and prominent.

He complained of being unable to take either solid or liquid food even in small quantities without causing heaviness, weight, oppression, pyrosis, eructation of gases, nausea and finally headache and vomiting.

Since 1894 these symptoms had increased in severity, the nausea never ceased and this whole array of complaints would gradually accumulate in force and energy, overwhelming his sys-

tem with an attack of headache and intermittent vomiting, that would last from three to five days.

In 1895, these storms growing worse, rendered his life almost unbearable. I had been attending him about a week, when one of these attacks occurred. He had been vomiting one day before I saw him. The scene was truly pitiable. I found my poor emaciated patient in a small darkened room scarcely able to raise his head, gagging and straining constantly, bringing up finally by the greatest of efforts, a teaspoonful of white glary mucous; his head bound tightly or wrapped in ice cloths; his eyes congested; his cheeks hollow; his skin sallow and pale; his face bespeaking the intense agony he suffered, begging and pleading to those around him for relief from the horrible nausea and retching.

I remained with him an hour and during that time he was not free for five minutes from efforts at vomiting. His sleepless, aching brain seemed racked to distraction. He would gag, vomit, and fall back exhausted.

This continued three days, gradually lessening. Sleep came only through exhaustion. Every particle of food (liquid or solid) was promptly vomited. During these attacks, the temperature was increased from 99 to 103.

These attacks were always of a similar character and from November 1, 1895 to July 3, 1896 they occurred every ten days or two weeks.

The physician who had treated him had used drugs, diets, and lavage faithfully and persistently, so that at the outset, I was completely handicapped.

I began with the remedies which had given relief in similar cases, and in turn used acids, alkalies, alteratives, pepsin, digestants, purgatives, tonics, bitters, sedatives, diets, etc., either singly or in combination, until I had exhausted all the resources at my command.

The only perceptible relief came from the use of small doses of diluted hydrochloric acid between the attacks and a solution of cocaine and morphine during the paroxysm.

About July 3, 1896, I read the article referred to above, and in desperation and despair of ever relieving him, I ordered glycozone one-half, then one drachm, well diluted, twenty minutes before meal time.

In a few minutes he said he felt better; within a week he repeated the assertion. To the utter astonishment of myself and his friends, one, two, four and even six weeks passed, without a re-occurrence of his severe symptoms.

About August 20th, he was so much improved, that to hurry matters, I concluded to try lavage again This was done at 5 P. M. and at 10 that night he was in the throes of an attack, which lasted two days.

He then resumed his glycozone and continued to improve till October 15th, when on account of inactivity of the bowels and costiveness, he was given two grains of calomel, which brought on a slight headache and considerable nausea.

He had hardly been taking more food, but from this time, it was increased in quantity and character, eating three fairly good meals a day, and enjoying them.

After beginning the use of glycozone, the acid was continued a few weeks, after meals, then left off entirely. No other medicine was used, except occasionally a pill of aloin, belladonna, strychnia, cascara, when bowels were sluggish.

To him glycozone proved the greatest boon, and to me, the relief given was simply wonderful.

It is useless to add, that I have used the remedy in many cases since, and have met with excellent and even astonishing results.—*New England Med. Monthly.*

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EDITORIALS.

The Administration of Anesthetics.

Whenever we see a surgeon who entrusts to an unskilled and inexperienced person the administration of anesthetics to his patients, we are very much inclined to doubt his ability. In our opinion a surgeon who does not remove as far as possible every source of danger to his patient is unworthy of any confidence. Surely there is no more fruitful source of accidents during or after an operation than the anesthetic, and the careless or incom-

petent anesthetizer is oftentimes more responsible for post-operative shock than the operator himself.

To eliminate, therefore, most of the evils attending the careless or unskilled administration of anesthetics great care should be exercised in the choice of the anesthetizer. He should be above all a cool headed person, quick to know what to do and equally quick to know how to do it. He should be familiar with all the phenomena of the anesthetic state and able to determine at once any of the danger signals liable to arise. His constant aim should be to give as little of the anesthetic as will obtain the desired result, realizing that too much ether or chloroform seriously endangers the patient's chances of recovery, and always prolongs convalescence. The anatomy of the throat and respiratory apparatus should be thoroughly understood by the anesthetizer, and tongue forceps, gags and such instruments of torture should be avoided as much as possible. Forward pressure at the angle of the jaw will almost invariably obviate any necessity for the tongue forceps. During the last year over three hundred cases have been anesthetized at the Fanny Allen Hospital and in only one case have the tongue forceps been used, the case referred to being an infant three days old in whom the occasion arose for tongue traction. In regard to the above cases it may further be said that ether was used principally, and in no one case were over six ounces used, and the average quantity was 3½ ounces. In the cases in which chloroform was used, three ounces was the largest quantity administered in any case, and the average quantity was 2¼ ounces. No fatalities occurred, and in no case did vomiting persist for over six hours. In over one hundred and eighty cases no vomiting occurred at all. We consider this record an almost unparalleled one, and we quote it simply to show that when the administration of anesthetics is carefully attended to there is little or no danger to the patient, and as a consequence the results of the operator are far more satisfactory.

MEDICAL ABSTRACTS.

The Diagnosis of Scarlet Fever.—The diagnosis of scarlet fever is not always easy, and Lindsay has very well summarized the main points to be borne in mind. These are :

1. Initial vomiting, very constant in children under ten, less so above that age, and rare in measles, German measles, and diphtheria.

2. Undue frequency of pulse—say 140 or 150—out of proportion to the other symptoms.

3. The rash beginning on the upper part of the chest, over the clavicles, and about the flextures of the neck, often well marked on the back of the waist.

To discriminate between scarlatina and German measles Lindsay is in the habit of relying on the following points : In scarlatina there is initial vomiting ; a brief but well marked prodromal stage, with vomiting, chills, headache and sore throat, sometimes going on to ulceration ; no early enlargement of the post-cervical glands. In German measles there is no vomiting, no prodromal stage, the rash being often the first symptom and always appearing on the face ; little or no constitutional symptoms ; no ulceration of the throat ; a very characteristic early enlargement of the post-cervical glands.—*Medical Age.*

Control of Nasal Hemorrhage.—By Dr. E. B. Gleason (*The Laryngoscope*, March, 1898.)

The writer advises packing the nose with absorbent cotton, saturated with cosmoline or other bland oil. He claims that in severe epistaxis, where all other method failed, this succeeded. He also suggests the following ingenious methods for packing the nose so that on its removal bleeding will not occur, owing to the suddenness of removal : "A strip of patent lint, eighteen inches long and one and a half inches wide, is saturated with cosmoline, folded near one end over a probe and pushed through the bleeding nostril into the pharynx and the probe withdrawn. The nose and pharynx are now filled with a sort of bag while the short and long ends of the strip of lint proceed from the anterior nares. The long end of the strip is then folded near the ala nasi over the probe and the loop carried into the bag within the nose and pharynx which is gradually filled with loops of the strip of patent lint, thrust firmly in by means of the probe." He fills the nose fully in this manner. The mucous membrane gradually swells so that in twelve hours it is necessary to begin to gradually remove the packing. As soon as bleeding occurs, the detached piece is cut

off and the remainder left undisturbed. Some hours later, more is removed, and so in time all is taken out.

To Remove Nitrate of Silver Stains from Clothing.—(*Nat. Druggist.*)

A solution of iodine in ammonia water, the so-called colorless tincture, will remove nitrate of silver stains from the hands, clothing, etc., but owing to the danger of the formation of nitrogen iodide, which is a powerful explosive, it is not recommended. A solution of iodine in iodide of potassium dissolved in water is nearly as quick and quite as effective. Dissolve 15 parts of iodide of potassium in 50 parts of water, and to the solution add 10 parts of iodine. When the latter is dissolved add sufficient water to make 500 parts. Keep in a well-stopped bottle. Treat the spots with this, and after a few minutes with a 10 per cent. solution of caustic soda, which will remove the silver iodide formed by the first treatment.—*Post-Graduate.*

The Pulse in Sepsis.—Do not place too much reliance upon the temperature in diagnosing septic infection, no matter whether it be puerperal or not. The pulse will be found to be a much safer guide, as while you almost never will see a case of sepsis without a quickened pulse, you will not rarely run across cases in which there is almost no noticeable rise in temperature. I myself having seen several cases in which the temperature did not rise over 99.5° F. Where you have a rapid pulse, headache, foul tongue, and dry, hot skin in a puerperal woman, look out for septic infection, no matter what the temperature indicates.—*Dr. Lockhart in Montreal Med. Jour.*

Belladonna Sterility.—Dr. Jones of Edinburgh (*Colum. Med. Jour.*, Vol. XX, No. 7, 1898), states that belladonna is followed by more or less benefit in every disease to which the female sexual organs are liable; and in married women who, though apparently enjoying the best of health and never suffering from any irregularity of the sexual organs, are yet sterile, the exhibition of belladonna internally for some weeks is so frequently followed by pregnancy as to preclude considering the occurrence as a mere coincidence. Though advancing no theory in regard to the matter, the author has noticed that during the exhibition of the drug the external genitals become more relaxed, and the os and cervix more pliable and softened.—*S.*

Amylolytic Ferments.—In an article on this important subject by Wyatt Wingrave, M. R. C. S., Eng. (Assistant Surgeon to the Central London Throat and Ear Hospital), in the London *Lancet*, May 7, 1898, we

are informed of a personal necessity that arose in the writer's experience for a reliable starch digestant. A crucial comparative examination was therefore made of many malt extracts and of Taka-Diastase, the tests being conducted both chemically and clinically.

He summarizes briefly: 1. That Taka-Diastase is the most powerful of the starch or diastatic ferments and the most reliable since it is more rapid in its action—*i. e.*, "it will convert a larger amount (of starch) in a given time than will any other amylolytic feremt." 2. That Taka-Diastase seems to be less retarded in its digestive action by the presence of the organic acids (butyric, lactic, acetic), and also by tea, coffee and alcohol, than are saliva and the malt extracts. This is an important point in pyrosis. 3. That all mineral acids, hydrochloric, etc., quickly stop and permanently destroy all diastatic action if allowed sufficient time and if present in sufficient quantities. 4. That Taka-Diastase and malt diastase have, like ptyalin, no action upon cellulose (uncooked starch). All starch food should therefore be cooked to permit of the starch ferment assisting Nature in this function.

BOOK REVIEWS.

The American Year-Book of Medicine and Surgery—Being a Yearly Digest of Scientific Progress and Authoritative Opinion in All Branches of Medicine and Surgery, drawn from Journals, Monographs and Text-Books of the Leading American and Foreign Authors and Investigators. Collected and Arranged with Critical Editorial Comments by Samuel W. Abbott, M. D.; John J. Abell, M. D.; J. M. Baldy, M. D.; Charles H. Burnett, M. D.; Archibald Church, M. D.; J. Chalmers De Costa, M. D.; W. A. Newman Dorland, M. D.; Louis A. Duhring, M. D.; Virgil P. Gibney, M. D.; Homer W. Gibney, M. D.; Henry A. Giffin, M. D.; John Guiteras, M. D.; C. A. Hamann, M. D.; Howard F. Hansell, M. D.; Barton Cooke Hirst, M. D; E. Fletcher Ingals, M. D.; Wyatt Johnson, M. D.; W. W. Keen, M. D.; Henry G. Ohls, M. D.; Wm. Pepper, M. D.; Wendell Reber, M. D.; David Riesman, M. D.; Louis Starr, M. D.; Alfred Stengel, M. D.; G. N. Stewart, M. D.; J. R. Tillinghast, Jr., M. D., and Thompson S. Westcott, M. D., under the general editorial charge of Geo. M. Gould, M. D. Illustrated. Philadelphia: W. B. Saunders, 925 Walnut St., 1898. Octavo; 1077 pages. Price in cloth, $6.50; half morocco, $7.50. For sale by subscription.

Again this giant among books comes to our desk, acceptable as ever and in many ways superior to its predecessors. Few books can boast of covering such an immense field as this magnificent epitome of recent medical progress, and we marvel at the completeness and scope of the whole work. The compilation and arrangement of so much matter necessarily entails a vast amount of labor, but Dr. Gould and his able corps of collaborators have left nothing undone nor slighted a single subject.

Every branch of medicine and surgery is considered in its latest aspects, and the great value of any work which gives to the busy doctor the best and most recent of medical literature, cannot be too highly estimated. One of the best features of the book is the large number of editorial opinions scattered throughout the text. That they add wonderfully to the book cannot be gainsaid, for the average medical reader is too prone to accept the most of what he reads without question and these editorial notes by high authorities naturally aid one in discriminating facts.

No work that we know of can adequately fill the place of this Year-Book and no practitioner who desires to keep in thorough touch with the march of his profession can afford to be without it. Particularly is it valuable to those who write on medical topics, and the reason is obvious. We commend it highly not alone for its excellence as a reference book, but because of its handsome typographical appearance and binding. The editors and publisher have united their respective forces to produce a work which in its particular field stands unquestionably without a rival.

Prompt Aid to the Injured.—A Manual of Instruction in the Principles of Prompt Aid to the Injured, Including a Chapter On Hygiene and the Drill Regulations for the Hospital Corps, U. S. A. Designed for Military and Civil use. By Alvah H. Doty, M. D., Health Officer of the Port of New York, Late Major and Surgeon, Ninth Regiment, N. G. S. N. Y.; Late Attending Surgeon to Bellevue Hospital Dispensary, New York. Second edition revised and enlarged. New York: D. Appleton & Co. London: 33 Bedford street. 1898. 203 pages; cloth net, $1.50.

There are few things more important for a person to know than what to do for an injured person in an emergency. It is one of the first principles of humanity to care for the wounded or injured at the earliest possible moment and the prerequisite of such care as is needed is the knowledge of what to do and how to do it.

No person can discharge his full duty to Society without understanding the methods of prompt aid to the injured, and we know of no book which presents the whole subject in such a complete and simple form as this one by Doty. He is abundantly able to write authoratively on the subject and his book shows his experience and system throughout. The little volume is in its second edition and we feel confident that it will meet with continued success. It certainly deserves all the commendation it has received and will grow in usefulness as people appreciate more and more the importance of the subject.

Publisher's Department.

Imperial Granum.—It is a prepared food that makes friends wherever its merits become known. The writer has been familiar with it for years, and takes pleasure in relating the following clinical test of its merits :—"The patient, reduced by disease and from the effect of the anodynes necessarily given to alleviate her sufferings, developed malignant cholera-morbus, and for days lay in an almost unconscious, condition. As a last resort she was taken to a Boston hospital where the physicians began administering *Imperial Granum*, prepared as directed for acute cases, in very small quantities. After several trials it was retained, and the strength and quantity was slowly increased. After four weeks' treatment taking *Imperial Granum* only for nourishment, she was discharged from the hospital, and a few weeks later endured a severe surgical operation from which she completely recovered, and to-day seems in perfect health.

Old Remedy—New Uses.—There are very many important uses for Antikamnia, of which physicians as a rule may be uninformed. A five grain Antikamnia Tablet prescribed for patients before starting on an outing, and this includes tourists, picknickers, bicyclers, and in fact, anybody who is out in the sun and air all day, will entirely prevent that demoralizing headache which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts, with a wretched "sight-seer's headache." The nervous headache and irritable condition of the busy business man is prevented by the timely use of a ten-grain dose. Every bicycle rider, after a hard run, should be advised a bath and a good rub down, and two five grain Antikamnia Tablets on going to bed. In the morning he will awake minus the usual muscular pains, aches and soreness. As a preventive of the above conditions, antikamnia is a wonder, a charming wonder and one trial is enough to convince.

An Interesting Engraving—There has just been issued a handsome engraving of an old painting of the first meeting of the Medical Society of London, which was held in 1773, and it contains portraits from life of the most prominent of the original members.

Among those represented are Edward Jenner; Wm. Saunders, whose work on "Diseases of the Liver" was the authority for many years; John Aikin, a noted miscellaneous writer and the publisher of a "General Biography;" Wm. Babington, author of a "New System of Mineralogy" and one of the founders of the "Geological Society;" Thornton, author of a "Philosophy of Medicine;" Edward Bancroft, a naturalist; Robert Hooper, who published a "Medical Dictionary;" and a number of other famous men of their day.

As this was probably the first Medical Society on record and was the predecessor of the British Medical Society, the engraving represents an event of much interest to every member of the medical profession and should prove an attractive addition to the walls of the office or home.

A copy will be mailed to any physician applying for it, by the proprietors of the Tongaline preparations, the Mellier Drug Co., 2112 Locust St., St. Louis.

A Doctor's Epileptic Son.—"My son is doing splendid, has had but one paroxysm in five months and I think that was caused by reducing the dose of Neurosine. I am so hopeful of a permanent cure that I am determined to persevere in this treatment. I am having many inquiries from physicians as to the merits of Neurosine and recommend it to those who have cases of Epilepsy."

G. W. GAINES, M. D.,
April 9th, '98. Hickory Flat, Ky.

The Dios Chemical Company of St. Louis, Mo., has designed and manufactured for their exclusive use a handsome desk paper weight and mirror combined which they will send free and postpaid to physicians on application. This is a very liberal offer of the company and should be taken advantage of.

Viskolein in Pneumonia.—Dr. Rice reports the following case of pneumonia: Monday, April 26, 1897, I was called at 9 P. M. to see little Leonard G., aged three years. He had been having a fever for two or three days, and coughing. I found him with temperature 104½°F.; pulse 150; very restless and moaning all the time; respiration 42, and breathing with great difficulty. I gave him Viskolein, 10 minims of the liquid added to the same quantity of boiled water, followed with the powder, 10 grains every four hours. In thirty minutes the child was asleep and fever gone; no more medicine was given until 4 A. M. Tuesday, 9 A. M.: pulse 100; respiration 26, and temperature normal. I ordered the powders to be given every four hours through the day. I saw him no more that day. Wednesday, 9 A. M., I found temperature 101°F.; respiration 28; pulse 108. He showed slight symptoms of cyanosis (he had always been a sickly, puny child from birth). I gave him another hypodermic injection of the liquid, and gave for the heart trouble, digitalis, nitroglycerin, and strophanthus, in pill form, one every hour during the day. At the hour of midnight his father came after me and said the child was restless, and the fever had come up again. I did not go to see the child, but ordered a cold bath to be given, and the powders 5 grains every hour. He went home and did as directed, and said when he came to me the next morning that in fifteen minutes after the child had the bath and one powder he was resting easy, comfortable, and fell fast asleep.

Viskolein is the active (stimulant) principle of kola with the carbolized (antiseptic) sulphoborate of zinc. Viskolein has been placed in the hands of The Maltbie Chemical Co., of Buffalo, N. Y., who have the sole right to manufacture it. They are gentlemen of high reputation as pharmacists, and have complete facilities for its manufacture in large quantities at a moderate cost, and have placed it before the profession in good shape. Therefore, I recommend them and the trial of this remedy in your practice.

Prevention of Uterine Disease.—Gonorrhoeal infection is now generally considered as one of the most important causes in the development of diseases of the female genital organs. The starting point is usually a gonorrhoeal process in the vagina, which extending upward into the uterus and tubes, gives rise to endometritis, salpingitis, ovarian disease and peritonitis, and other serious lesions of the generative organs. For this reason the treatment of the primary vaginitis in as thorough manner as possible becomes of paramount importance. According to many practitioners, copious irrigation of the vagina with hot water and the use of Micajah's Medicated Uterine Wafers is the most efficient, agreeable and convenient method of accomplishing this. These wafers are not only strongly antiseptic, destroying the gonococcus, but astringent and alterative, subduing inflammation and promoting a rapid return to a healthy state.—(Write Micajah & Co., Warren, Pa., for samples.—Editor.)

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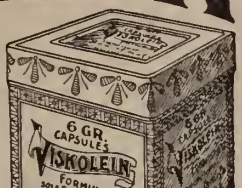
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The

Vermont Medical Monthly

Vol. IV. June, 1898. No. 6.

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The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society.

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THE NECESSITY FOR EARLIER OPERATION IN CANCER OF THE UTERUS.

By A. Lapthorn Smith, B. A., M. D., M. R. C. S., Eng. Fellow of the American Gynecological Society; Professor of Clinical Gynecology in Bishop's University; Surgeon in Chief of the Samaritan Hospital for Women; Surgeon to the Western Hospital; Gynecologist to the Montreal Dispensary.

The object of this paper is to call attention with all the strength of my pen to the great success of vaginal hysterectomy for cancer of the uterus, on the one condition however that the operation is performed before the disease has spread to structures outside of that organ. Owing to great improvement in technique the uterus can now be removed by the vagina with a mortality of only two or three per cent for conditions other than cancer, such as procidentia and fibroid; and the mortality would hardly be greater even when the uterus is cancerous, provided the disease is not too far advanced. But when it has been allowed to go on until the broad ligaments have become affected and the

uterus has become immovable, not only does the operation become more dangerous, but the ultimate results are so discouraging that nearly all operators have completely abandoned all operative treatment at this stage. And yet there is a stage in every case in which the disease is limited to that organ alone and during which it can be wholly and entirely eradicated by the careful removal of the uterus. While on the other hand once that stage has passed and the disease has spread to the broad ligaments, hysterectomy only hastens the march of the disease. There is a great future in store for vaginal hysterectomy for cancer but it will not come until there has been a radical change in the matter of earlier diagnosis and earlier operation. The complaint is not mine only but quite a general one among those who are prepared to perform vaginal hysterectomy, that we so rarely receive cases which are not already too far advanced to offer any hope of saving the patient's life. Whose is the fault and on whom rests the responsibility for this state of affairs?

To say that it is the fault of the family physician would not be just for to my certain knowledge, in several cases, the patient never consulted him at all until the disease had invaded the broad ligaments and even the bladder. Other patients again refuse to be examined for months after the disease has evidently been present. One instance which occurred in my own practice was a lady who sent her husband to me to give her something for menorrhagia. As she was nearing forty I at once thought of cancer and told her husband that I must examine her before prescribing. This he told me she had the greatest reluctance to have done, but he promised to induce her to submit to it, if I would give her a tonic in the meantime. This I unfortunately did and still more unfortunately the medicine did her so much good that she insisted upon continuing it, so that it became still more difficult to persuade her to be examined; and finally, after delays and excuses of all kinds, during another month, she came to my office for the first time, when on examining her my worst fears were realized. The cervix was large and hard and just

beginning to ulcerate. There was no bad odour and no discharge so that it was difficult even then to persuade her that her case was serious. However I induced her to go to Dr. Gardner and Dr. Alloway to have my diagnosis confirmed, which it was by both of them. As she was a distant relative I did not care to operate myself but I gave her no peace until she had consented to an immediate operation, which was performed by Dr. Gardner less than a week later, when I assisted him to remove the uterus. She improved very much in appearance after that and remained almost well for several years, five I think, when she died in great agony from recurrence in the glands in the pelvis.

I shall never forget the distress of a conscientious physician who brought me a lady from the country, when I told him it was too late to save her. He told me that she had had a lacerated cervix twenty years before but had never complained of it until some six months before I saw her, when it began to ulcerate and bleed on being touched, at which time she consulted him. He then made the fatal mistake of cauterizing it with nitrate of silver at frequent intervals. Instead of healing it looked more angry after the first application and rapidly grew worse until he became alarmed, when he brought her to me. I found the lower half of the uterus completely infiltrated and the broad ligaments very thick. All that I could do was to curette away the lower half of the organ and treat the remainder with chloride of zinc packing. But she died some six months later, and the doctor never ceased to reproach himself.

While writing this paper a lady from the State of Maine consulted me on account of a foul smelling discharge, profuse menstruation and bleeding on coitus; she also bled on examination. There was a badly lacerated cervix, the lips of which were exerted and covered with cauliflower growths, which had infected the upper third of the vagina and the broad ligaments were thickened. She told me that she had consulted her family doctor nearly a year ago for pain and metrorrhagia, but he made light of it and did not examine her. Three months later, at her

urgent request, he examined her and found something for which he decided to curette, which was done a month later. She was better for a couple of months, after which she became much worse and so continued. I thought of detaching the uterus from its ligaments and from the bladder and rectum and pushing it out through the vulva and then cutting off the vagina at its upper third. But she asked me about the danger, and on being told the truth she decided that she would go home to die.

So many indeed are the cases, who when they first called upon me were already long past the stage when an operation would have been justifiable, that it would occupy all the time allowed for a paper merely to give the briefest history of them. All, without exception, had had a lacerated cervix and metrorrhagia, either before or after the menopause; then the clear non odorous watery discharge with freedom from pain; then the foul smelling yellow discharge with pain and necrosis of tissue; finally the general cachexia with infiltration of the liver. It was pitiful to hear these women imploring me to save them. One indeed tried to bribe me and was very angry when I positively refused to operate and she said she would find some one who would. And she did, for she went home and induced three neighboring physicians to operate a few days later with the result that she died upon the table.

Turning from the inexpressibly sad review of the hopeless cases which were by far the most numerous, let us consider the hopeful cases, much fewer, but far more gratifying. Out of twenty cases of undoubted cancer which came to me while there was yet hope and on whom I operated, five are still alive. One case came to me six years ago with a cauliflower growth as large as a lemon on a lacerated cervix. This was removed and a Schroeder's operation performed, the precaution being taken to cauterize the raw surface with the Paquelin cautery before sewing it up. The woman has been confined since twice without mishap either to herself or the child, and still appears to be in perfect

health. Three died a few days after the operation and the rest lived from one to four years.

The most gratifying cases were four women from whom the uterus was removed for complete procidentia. In each case the uterus was long and the cervix was covered with an ugly looking ulcer, due to its constantly sticking to the clothes when the women sat down and being torn away again when they got up. In one of these cases the microscope revealed cancer in a small piece snipped off for the purpose before operation and they all proved to be cancerous on examination after their removal. All of these women are still alive and it is now three years since one of them was operated on; neither has there so far been any sign of recurrence.

Judging from this small but happy experience I would strongly urge the guiding principle to remove the uterus whenever it presents any suspicion of cancer. If we wait until the diagnosis can be confirmed it is then too late. As an instance of this I might mention a case: A woman about fifty years of age, having a rather large and long uterus, which had been moderately lacerated many years ago. There was nothing to be seen except a little granulation, the size of a split pea in one angle of the tear. The only symptom was a slight return of menstruation as she thought, which had stopped since several years. Vaginal hysterectomy was at once performed and on handing the uterus to the pathologist he found on opening it that the cavity was a mass of cancer.

The harm of removing a heavy and diseased but non-cancerous uterus is so small and the danger of leaving a slightly cancerous uterus is so great that it would be far better to err on the side of being too ready to operate than on that of being too slow. In fact in my own limited experience in the few cases above mentioned, where I believed I had barely sufficient grounds for operating, the microscopical examination of the uterus after its removal proved that the disease was already far advanced. It may be taken as an axiom that no matter how bad a case of can-

cer may appear it is in reality very much worse. The same stand should be taken with regard to cancer of the uterus as has been taken in cases of tumors of the breast. During the last few years the best authorities have agreed that all tumors of the breast even benign ones, should be removed as soon as discovered, as if they should be left alone until they can be proved malignant it is too late to interfere with much hope of ultimate success.

The question may be asked, can nothing be done for these cases in which the broad ligament is already infected when the patient comes to us? It has been suggested and I believe in a few cases carried out, to open the abdomen, tie the two ovarian and the two internal iliac arteries, thus completely shutting off the blood supply to the uterus and broad ligaments. The uterus is removed and the broad ligaments are opened and cleaned out in the same manner as is the axilla in cancer of the breast. While this is theoretically a beautiful operation, I have no confidence in it. By the time the broad ligaments have become affected and the lymphatic glands involved the disease will have already invaded the liver, and the patient will die soon afterwards, if indeed she survives the operation.

However, all operators from Freund down are agreed that abdominal hysterectomy for cancer has a terrible death rate even now as high as 70 per cent; while in a few hands vaginal hysterectomy for cancer has been reduced to as low as 1 in 60 cases, or less than 2 per cent. I have performed this operation only four times at the Samaritan and they all recovered, and all are alive and well from one to three years after their operation, while the one case of abdominal hysterectomy for the same disease died.

This is a strong argument for early operation in cancer of the uterus, since the operation is almost devoid of danger, while by waiting until the abdominal operation is alone possible the danger of the operation itself runs up to 70 per cent.

There is another point on which I hold a very strong opinion and I am not alone in doing so, as may be seen by referring to the subject in any of the recent text books. It has been the

almost universal custom in the past to conceal from the patient the nature of her disease; sometimes her husband or some other member of her family was told about it, but too often the physician has kept this important knowledge entirely to himself. At all events the one person who should know what was the matter with her so that she might without a day's delay fly to the only avenue of escape left open for her, has been kept unwarned of the awful fate that menaced her. The family physician who has on many occasions risked his life in the most heroic manner to save his patient's, will on this occasion with the best of motives, but with mistaken kindness, carefully conceal the nature of the disease until it is too late for the diagnosis to be of any use. This is an instance in which tradition has handed down what was at one time a correct principle, but which by reason of altered conditions has become quite erroneous. At one time the disease was as hopelessly incurable the first day on which it was discovered as it is on the last day of her life; and as an act of humanity and mercy the physician felt and was justified in concealing the diagnosis, since for the woman to know it could do no good.

That he was ever justified in lying to her I deny; for sooner or later the truth must come out and the faith of that dying woman and probably of her living friends in the absolute truthfulness of their physician will never be regained. The custom must be widespread for the friends of nearly every woman who has come to me with cancer have called me aside and requested me to deny that she had cancer. I think we should refuse to do so. When they have remonstrated with me I have asked them what they think of a doctor who told an untruth to a patient who not only asked him for the truth but paid him for it, would they ever have faith in his word again? The patient's only hope is in immediate vaginal hysterectomy, but we cannot perform that operation without her consent, and how can she give her consent to such a serious operation if she is not told most plainly of the awful danger which besets her? It is an unpleasant task

but it must be performed promptly and in no uncertain tones. If the case is hopeless from the beginning we might decline to tell her what is the matter, since informing her of it can do no good.

Although the prevention of cancer of the uterus is hardly included in the title of this paper yet I cannot close it without reminding my hearers that in about 97 times in 100 cancer of the cervix is due to a laceration unrepaired. Emmet says that 100 times in 100 this is the case. I must have examined at least several hundred women who have had their cervices repaired either by myself or others and I have never found cancer in one of them. While on the other hand I have never seen cancer of the cervix in a woman who did not have a lacerated cervix. This being the case, and the same being the experience of those who have had many times the experience that I have had, I wish to express my conviction that if every severe laceration of the cervix were repaired, especially by Schroeder's operation, cancer of the cervix would become a very rare disease. But how, I may be asked, is the practitioner to know that there is a laceration before it has had time to cause the usual well known symptoms? By teaching the women whom he confines that they must come to him or send for him in order that they may be examined one month after their confinement, and by telling them plainly the reason why it is important to do so. Specialists might help them whenever they could by explaining that tears will occur in spite of the best of care, and that their family physician is not to blame for the accident. I mention this because many practitioners have told me that it required a good deal of courage to tell a woman whom they have confined that she has a lacerated cervix. But if the repairing of all the lacerated cervices would practically exterminate so dreadful a disease, would that not reward us for making the sacrifice of being temporarily unjustly blamed?

250 Bishop Street, Montreal.

Acute Gastro-Enteritis of Children.*

By E. H. Nichols, M. D., Savannah, Ga.

This term is applied to those acute morbid states in which the stomach and intestine are simultaneously affected. Either the stomach alone or intestine (small) may be affected, or the same exciting cause may induce both at once to inflammatory action, but why one should suffer at one time, and another escape is not known.

The general lesions are superficial catarrhal inflammation of the entire gastro-enteric tract. In endeavoring to confine my remarks to the text, I shall interpret it, without the minute subdivisions given by the authors in the various text-books, which confuse, to a form of acute summer complaint of our seaboard cities, commencing in mild cases with diarrhea, little or no fever, little gastric disturbance, while in grave cases it is ushered in *suddenly* by high temperature and vomiting. The mild cases exhibit few symptoms during the first few days, outside of the diarrheal discharges, accompanied with the usual loss of appetite, peevishness, and fretting, mostly at night. It is a common thing to hear, "Oh, doctor, we have been up all night with our child, she is so restless." The physician usually is not called to the very large majority of these cases for the first two days, as "teething" is usually blamed for the disturbance. Now the stools become more frequent, thin, green, yellow, or brown with undigested food, especially curdled milk. At this stage an odor of an offensive character appears, sometimes mucous, tongue coated, and aphthous or congested spots within the mouth in very young patients.

Now a marked pallor and limp condition of the muscles appears, all "snap" leaves the little one, with noticeable loss of

*Read by invitation to "The Georgia Medical Society," of Savannah, Ga., April 12, 1898.

weight; this may, under suitable advice, improve within a week or ten days, the old "life" appearing with renewed spirits and appetite. When some "nice thing" the neighbors sent in, being given to the baby, we are suddenly hurried out of bed to find the little one vomiting, passing, perhaps, blood and mucous, great pain and swollen abdomen, and high temperature, perhaps 103, restless and distressed, stools every hour or oftener; we have a serious condition on our hands, and strict, written-out rules to the nurse or mother, if followed, may after many weeks of varying symptoms, bring the baby to renewed health.

This mild form is, unfortunately, not the only type of acute gastro-enteritis. There is another and sadder type of this malady, particularly in milk feeders during our heated season. These develop suddenly usually in healthy children—restless, crying, no sleep, distress, hot, dry skin; temperature 105° from the first. The infant is seriously ill, sometimes a stupor exists, sunken eyes, weak pulse, limp, alterating with excitement, or even convulsions; thirst extreme; takes everything offered, only to vomit it again six hours after. Diarrhea accompanies or alternates with vomiting, gas passes frequently, with yellow and offensive fluid, pain accompanying. In thirty-six hours, stools fluid, or alternate with green stains on diaper, fifteen a day, fewer at night; this is due to handling and feeding during the day. In three days, if the child lives that long, mucus appears with blood.

Under the best circumstances, intelligent nursing and feeding, and a strongly constituted child, recovery and rapid convalesence; this is not true in many cases we meet; convulsions, general congestion or exhaustion may destroy the patient.

The distinguishing features of this acute condition are suddenness, severity, brief existence, and usually favorable termination. Give a bad grognosis in marasmus, in those badly fed, and in cases of whooping cough or rhachitis. As to prophylaxis—judgment as to air, feeding, dress, bathing, and general hygiene will give best results. I prohibit cow's milk during the

first few days. Napkins, in summer, should be boiled or immersed in some disinfectant. Day trips to the pines or salts keep the little ones in better resisting condition.

We are sadly in want of suitable excursion boats. Young children in summer should be kept to the breast as long as possible, consistent with gain in body weight. Very hot days it is safer to diminish the quanity of food, and increase the amount of cool water taken.

As physicians we should educate our patients that all mild enteric derangements require attention in summer. The old "teething" theory should meet its death-blow at our hands. Skilled milk inspectors should visit the dairies daily, condemning all doubtful milk.

If I could make my patients feel certain that their children would not get weaker or catch cold by out-door exposure, and if I could make them believe that the little ones would not starve by twenty-four hours' fasting, I could easily treat these cases.

Medicinal and dietetic treatment: A purgative, if seen early —preferably, gray powder, rhubarb, or 50 per cent. emulsion of castor oil, one dram every two hours, until eight doses are taken; the purgative is the "sine qua non"; see the actions *yourself;* fasting from fifteen hours, then egg-water brandied, panopeptone with cracked ice every hour or two. Twice a day I usually irrigate the colon, night and morning; I use a large catheter or small rectal tube, using the ball nozzle syringe (fountain) on account of its bulk of tube and free stream. You are all acquainted with the irrigation technique, but gentleness and proper temperature of the water will more than repay any trouble on your part. Sometimes a gallon is required to insure proper washing. Detact the catheter and gently, inch by inch, withdraw it to evacuate all fluid remaining in the pouches. I use common salt, one dram to a quart. The water should not be over 110°, that is extreme; 90° in ordinary cases. My experience in cold rectal irrigations is bad; griping and abdominal unrest resulting.

I have no experience in stomach washing, my patients resist all suggestions on that line. After the first day increasing doses of "panopeptone" or arrowroot with burnt spice brandy, and the irrigations, coupled with hyoscyamus extract and aconite tincture every two hours, complete the cure in mild cases. Drugs, in my hands, have not accomplished the wonders spoken of in books on therapeutics. The bath reduces temperature, and the vaso-motor paralysis is by the mild shock removed and the capillary vessels react and dilate. Bathing face and head with water at 60° promotes still futher reaction, and the eye brightens. In a grave case our common sense and tact are more than taxed.

Feeding with barley water, white of egg and brandy, and a little salt, usually tides us to the convalescent stage.

This acute gastro-enteritis must sometimes be confounded with acute milk infection, which presents similar symptoms only in a more rapid and alarming degree; vomiting and purging may lead to fatal termination in twenty-four to thirty-six hours in serious cases. In the treatment do not give a drop of milk; use the treatment outlined above; wash out the intestines, etc., instantly. Dissolve tannic acid in the water, one scruple to a quart, it neutralizes the poison. Sustaining, energetic treatment, should be given, with baths, meat broths quite warm, one dram at a time. On the acidity or alkalinity of the stools I base my nutrition. Thus, acid, greenish stools, call for the proteid elements, animal broth, egg-water, etc.; both must be freshly prepared and given in small quantities. Large, frothy alkaline stools call for the carbo-hydrates, flour, three pounds, boiled eight hours, cooled, and after shaving off the gummy outer coating, grating the hard, chalk-like mass to a powder, from which, with spiced brandy and hot water, a fine pap can be made; arrowroot answers excellently.

CONCLUSIONS.

Mother's milk if practicable.

If impossible use best artificial foods *without* milk. Condensed milk after six months is a "snare and a delusion," gives

no resisting power in disease; on it children do not grow so strong, muscular, or rapidly as they should.

Nightly baths, followed by *olive oil* rubbings, two drams at a time. Oil reduces fever and regulates the functions of the skin, softens it. Spiced poultices in acute period during first thirty-six hours do good.

Fluid extract hyoscyami is the best nightly opiate, one to three drops.

High fever calls for purgatives not antipyretics, bath as outlined. Few drugs are good, phenacetin, salol, bismuth, sulphocarbolate zinc are worth trying.

Use rectum for temperature. Beef tea ordinarily no good. Gray powder or calomel and sodii bicarb, if stools are acid. If alkaline, substitute bismuth for the sodii bicarb, (with calomel). Carry litmus paper to test the stools, it will pay you.

In convalescent patients sterilized or peptonized milk can be tried if source of milk is known, and good, otherwise not. There should be no exposure to sun in summer. Street-car rides are "God-sends" with us. Moderate sunshine and change of air develop the red blood corpuscle, diminish anemia and promote appetite and circulation. Never let a child "chill off" even in summer. When frequency of discharges diminishes and temperature rises in convalesence, look out for broncho-pneumonia.

One-half of the fatal cases terminate in the third week. Apply ice to the head very carefully, as children do not tolerate cold long; five minutes on, fifteen minutes off, will sometimes reduce fever and improve diarrhea.

Continued high fever and persistent vomiting, rapid wasting, with severe nervous symptoms denote death. The termination in boils, thrush, broncho-pneumonia or tuberculosis is unfavorable, and relaxed sphincters with high temperature and contracted pupils are bad signs.

Keep the room cool, by towels tacked across windows, wet with ice water every half hour. Keep a large piece of ice in the room. Let the child lie in a small hammock between windows, you will see an improvement.

Don't fail to write instructions for parents at *each* visit.—*Pediatrics.*

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EDITORIALS.

A Layman's View of Vermont's Medical Laws.

Occasionally we find a man among the laity who is sufficiently liberal in his views to understand that there is a difference between the legitimate medical practitioner and the quack, no matter in what garb he appears. L. M. Hays of the "Essex Record," a paper which is making its influence felt in Vermont, had the following editorial in a recent issue:

MEDICAL QUACKS.

Lax in many of her laws Vermont is more conspicuous in regard to her control of medical practitioners than sister States. The quack can flourish

here like the weed in the neglected garden. The acts introduced in the last legislature seeking to remedy the evil were sat upon with a force that fairly made Mansfield mountain dance with pain.

In the Vermont Medical Monthly of October, 1896, Editor H. Edwin Lewis in referring to the bills before the legislature said :

"It is with no little approbation that we have observed the movement on foot to provide our Green Mountain State with medical laws somewhere near the standard set by other States. For many years Vermont has been a favorite field for the medical quack in nearly all of his various disguises, ("divine healer" being his latest make-up), and it is about time that the people were protected from his seductive influence by suitable legislation. The proposed laws which are now before the present legislature are a vast improvement over those in force, but there are several changes which ought to be made in them in order that they may more fully accomplish the purposes for which they were intended."

The noble body of law makers of quite two years ago contained a "divine healer." He must have dominated the great and general court, for the legitimate medical fraternity were most wofully and conspicuously turned down. The "healer," if the records permit of a little imagination, had but to snap his fingers and the great body of legislative mortals danced to the signal.

There was nothing incorporated into the statutes to remedy the evil of years. The quack flourishes to-day as in former times.

Dr. William T. Slayton, in his "Medical Education and Registration," cites the present law which reads : "Requirements for license to practice medicine: A diploma from any medical college, provided it is not absolutely fraudulent, or an examination by one of the three medical societies," and comments by saying, "The law is practically a dead letter and is not well enforced."

The next legislature will be called upon to do something for the medical fraternity of the State. It would be a shameful disgrace to repeat the action of two years ago.

There may be no "divine healer" in the body.

There may be a dozen.

But whether there is one or twenty let every member know what he is doing and not cast his vote without a knowledge of the measure.

Under such conditions the regular physicians will be given protecting laws and the "quack" will have to go elsewhere with his ignorance.

To Mr. Hays we offer our sincere thanks. He has spoken a good word for our profession and shown himself to be on the side of honesty and intelligence. The medical quack is a real menace to society and if the people only knew it the enactment

of stringent laws preventing him from plying his nefarious trade, would react far more to their benefit than to the medical profession itself.

A New Dean for the University of Vermont, Medical Department.

As we go to press we are informed of the election of a new Dean in the Medical Department of the University of Vermont.

Dr. A. P. Grinnell, the retiring Dean, has been connected with the college in various teaching capacities for nearly a quarter of a century and has capably served as Dean and Professor for over twenty years. Under his able direction the Medical Department has improved in every respect, and gone forward to its present successful condition. Dr. Grinnell has won the respect and friendship of the whole profession for the tactful, kindly way in which he has officiated as Dean, and many will regret his retirement from the position. The doctor will still continue as Professor of the Theory and Practice of Medicine.

Dr. H. C. Tinkham, the new Dean, has been Professor of Anatomy for several years. He is one of the younger members of the profession and will bring to his new office many sterling qualities. Dr. Tinkham certainly has no equal in the country as a teacher of Anatomy and he has won an enviable reputation throughout the state as a surgeon.

He will fill the Deanship with honor to himself, the college and his profession.

MEDICAL ABSTRACTS.

The Diagnosis of Typhoid Fever.—Dr. Leonard Weber (*Post-graduate*, April) thus summarizes the diagnosis of typhoid fever for the three diseases with which it is most apt to be confounded :

1. Tubercular meningitis : The temperature is not usually so high as in typhoid, the pulse at first not so frequent, and more tense; headache and vomiting occur early, the bowels are confined, the abdomen retracted. Squint, inequality of pupils, optic neuritis would be unmistakable signs.

2. Acute miliary pulmonary tuberculosis: More cough and soon abundant rales, impaired resonance and other signs of pulmonary infiltration; the temperature more sustained.

3. Gastro-intestinal catarrh of children: It may be difficult at first to distinguish it from typhoid, but there will be intermissions soon of fever, and changes of symptoms that are inconsistent with the diagnosis of typhoid.—*Jour. of Med. and Science.*

A Means of Emptying the Bladder.—Anderson (*Louisville Medical Monthly*, June) says that the bladder, when partially paralyzed from parturition or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowel, thereby doing away with the necessity of using a catheter, a most important consideration, particularly when the patient lives at a distance from the doctor.

After difficult and protracted labors he has been obliged to use the catheter every day for weeks at a time, which was annoying to the patient and inconvenient to himself. Since using the plan here recommended, he has had no trouble in this direction, the bowel and the bladder emptying themselves at the same time.—*N. Y. Med. Journal.*

Sleep.—A new-born infant should sleep at least twenty hours in twenty-four ; a child a year or two old, sixteen hours; a child of four, ten hours; a healthy adult, seven or eight hours ; old people less than young, unless the mind is failing.—*Med. and Surg. Bulletin.*

Ocular Neuralgia.—Markoff employs instillations of a solution of potassium cyanide, or of quinine muriate, as morphine and cocaine do not meet the therapeutic requirements; the former is ineffective, the latter too ephemeral as to results, and also tends to induce neuro-paralytic keratitis.

Potassium cyanide solution should be of one-third to one-half per cent strength, and kept in a dark bottle in a cool place: as soon as it loses its characteristic odor it becomes inert. Five or six drops suffice for an instillation and it should be used warm.

A ten per cent solution of quinine muriate is best, for, unless prepared without acid, it either causes severe smarting or irritates the eye. Morphine muriate may be combined with the solution, if desired, in the proportion of one-twentieth per cent.

No ocular neuralgia will resist more than one or two of these instillations; the underlying cause may remain, but the pain is banished. If pain is not relieved fifteen minutes after an instillation, it should be repeated. —*Med. Brief.*

Washing the Blood in Acute Uremia.—By Dr. C. E. Nammack (*N. Y. Med. Rec.*, Feb. 26, 1898, p. 300.)

The author reports that exacerbations of acute uremia occurring in the course of chronic nephritis often happen when the patient feels unusually well and has indulged freely in flesh meat or alcohol, thus adding an acute toxemia to the already existing blood deterioration. In these cases, blood-letting, to the extent of one or two pints, followed by the injection of deci-normal saline solution directly into the blood current or into the subcutaneous tissues, or when sterilization of apparatus cannot be depended upon, into the rectum, will give rapid and striking benefit. In the fourth medical division of Bellevue Hospital this is now the routine procedure, and it seems to the writer to be a marked advantage over the older methods. It is simple, rational and efficient, but is not applicable to old exhausted subjects in the terminal stage of chronic nephritis.—*Post-Graduate.*

Ligation of the Broad Ligaments in Fibroid Tumors of the Uterus.—By Dr. F. H. Martin (*Ann. d. Gyn. et d'Obst.*, April, 1898.)

M. first conceived and performed ligation of the base of the broad ligaments for uterine fibroids in 1892. The results to be expected from this operation are: 1. Arrest of uterine hemorrhage. 2. Atrophy of uterine fibromata. 3. Interruption of the nerve supply to the uterus, thus modifying its nutrition.

The technique of the operation consists in preparing the patient as for vaginal hysterectomy. After curetting, washing and packing the uterine

cavity with iodoformized gauze, the uterus is drawn downwards and to one side by means of a silk ligature passed through the cervix. Seizing the lateral cul-de-sac with a tenaculum, it is incised with blunt scissors. With two fingers in the wound, the broad ligament at this point is separated from the vaginal tissue, bladder and ureter—both anteriorly and posteriorly. At a distance of an inch to an inch and a half from the uterus the lower portion of the broad ligament is seized between two fingers, and the pulsation of the uterine artery and its branches noted. The ligature is now passed above the vessels through the broad ligaments, by means of the ordinary blunt ligature-needle, and secured, thus tying off the lower portion of the broad ligament. The thread—silk, catgut, or kangaroo tendon—is cut short, and the process repeated on the opposite side. After disinfecting the vagina the wounds are closed with fine catgut.

The best results are to be expected in interstitial fibroids of the uterus. Most satisfactory are those fibroids just beginning at the approach of the menopause. The operation is indicated as a palliative procedure when from profuse and continued hemorrhages the patient's condition would contra-indicate a more radical operation.

The author cites thirteen cases operated by this method, the period of observation extending from one to three years. In all the results were apparently satisfactory.—*Post-Graduate.*

Endometritis.—Doleris (*American Journal of Medical Science*) speaks highly of local applications of iodoform ether in cases of obstinate cervical endometritis. The iodoform is thought to exercise an antiseptic action, while the ether, by causing strong contraction of the tissues, forces out the contents of the diseased glands; and Nitot has found in bromine vapor the most satisfactory agent. It is introduced into the uterine cavity through a double-current catheter attached to an atomizer, diffuses rapidly and exerts a remarkable curative action in cases of acute endometritis and salpingitis.—*Maryland Medical Journal.*

Publisher's Department.

Pain in Otitis.—Dr. George H. Powers, Professor of Opthalmology and Otology in the University of California, San Francisco, in an article in *The Medical News*, writes as follows, in reference to the treatment of pain in otitis: "At my first visit I found a copious discharge of bloody serum from the ear with hardly a trace of pus. He suffered from severe cephalalgia, but there was no special tenderness in or about the ear, and no swelling. Thorough cleansing of the meatus with dry cotton relieved the pain in the head remarkably, and with a dose of antikamnia, 10 grains, he slept some hours."

H. Tuholske, M. D., Professor Clinical Surgery and Surgical Pathology Missouri Medical College, also Professor of Surgery, Post-Graduate School, writes as follows: "I have used Dioviburnia quite a number of times; sufficiently frequent to satisfy myself of its merits. It is of unquestionable benefit in painful dysmenorrhoea; it possesses anti-spasmodic properties which seem to be exerted especially on the uterus."

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Syphilis.—When a patient presents himself for treatment, he should be placed upon the following recipe (which fully meets all indications) until the symptoms disappear, his appetite is improved, and a general feeling of vigor and activity exists:

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Iodia, 6 ounces.
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Iodia is prepared by Battle & Co., St. Louis, and contains extracts from the green roots of stillingia, helonia, saxifraga and menispermum. Each fluid drachm also contains five grains iod. potass. and three grains phosphate of iron. The tendency of the profession is too much towards discarding everything but mercury. I have often seen mercury alone, or combined with iod. potass. fail to heal secondary ulcerations, which speedily disappear when combined with vegetable alteratives. It is, therefore, best to have the good effects of the only three reliable remedies at once, viz., mercury, iodide and vegetable alteratives (which is obtained in the above prescription). Lectures on Venereal Diseases, by W. F. Glenn, M. D., Clinical Professor of Genito-Urinary and Venereal Diseases, Medical Department Vanderbilt University.—*Southern Practitioner, May, 1898.*

A Useful Chart.—Write to the Imperial Granum Food Company, New Haven, Conn., for sample copies of their new "Nursing World Fever Chart" for recording the vital signs and other information relating to the baths given in the treatment of fever cases. It is very complete and will be found especially useful in typhoid fever.

BOOK REVIEWS.

The International Medical Annual, and Practitioners' Index. 1898—Sixteenth year. A work of reference for medical practitioners, by thirty-five Contributors. Published by E. B. Treat & Co., 241-243 West 23rd Street, New York City. Price $3.00.

This book is with us again full as ever of good things and giving its usual evidence of careful editing and painstaking compilation. The profession have learned to look for its appearance each year, and we are inclined to believe that severe disappointment would be felt in many quarters if it did not come as expected.

The book is devoted to a thorough consideration of new remedies and new treatment, and each subject receives the finish and authority of being edited by a competent medical worker. The consideration of each topic does not consist of a mass of abstracts from recent literature. Instead, each subject is treated in a separate article based on the latest and most modern teaching, and this method cannot help but commend itself to the reader.

Another valuable feature of this year's Annual is the very excellent article on the "Bacteria Pathogenic in the Human Subject" by Samuel G. Shattock, F. R. C. S. Accompanying this article are a large number of very fine illustrations which add much to a thoroughly scientific and interesting paper.

Legal Decisions, Sanitary Science, New Inventions, and Books of the Year receive due space, and, all together, go to make a book that appeals at once to the medical practitioner who desires to keep in touch with the progress of his profession.

Atlas of Methods of Clinical Investigation. With an Epitome of Clinical Diagnosis, and of Special Pathology and Treatment of Internal Diseases. By Dr. Christfried Jakob, formerly First Assistant in the Medical Clinic of Erlangen. Authorized translation from the German. Edited by Augustus H. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic, Physician to the Philadelphia Hospital, etc. With 182 colored illustrations upon 63 plates, and 64 illustrations in the text. Philadelphia: W. B. Saunders, 825 Walnut street, 1898. Cloth, 469 pages. Price, net, $3.00.

Words can only humbly express the great admiration we feel for this beautiful book. Beautiful is certainly the word to use, for we have never seen anything that could surpass it. The illustrations are marvels of accuracy and workmanship; and with the text make a most complete work on clinical diagnosis. For the student it is indispensable, giving him a complete idea of diagnosis which he could not acquire in years of practice, while to the practising physician it will adequately serve as a post-graduate course in the methods of clinical investigation. It is sent out stamped with all the precision and learning of the German School, and the translator has lost nothing in his translation.

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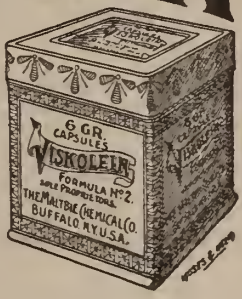
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The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society.

Vol. IV. *JULY*, 1898. No. 7

Gynecological Notes from Paris.

By A. Lapthorn Smith, B. A., M. D., M. R. C. S., England, Montreal, Canada.

Apostoli. As chance would have it, I found myself present at the Clinic of Apostoli, who has attained such world wide celebrity by his successful application of electricity to gynecological therapeutics. Although his office is still at 5 Rue Moliere near the Avenue de l'Opera, he has removed his clinic from its former dingy surroundings in the Rue du Jour to a much larger and more suitable place at 15 Rue Montmartre. Since my last visit here twelve years ago, his views have changed but little. Most of what I wrote in my letters from Paris at that time, is still true. I was greatly interested to see his splendid outfit of instruments and apparatus and the honest and painstaking manner in which the records of his cases are kept; and I could not but be impressed each time that I visited his magnificent waiting rooms by seeing them filled with the highest class of patients from so many different countries. His method must have some virtue in it to have stood the test of so many years. At his clinic he has three salaried assistants constantly taking histories and giving treatment so that now he has more than five

thousand cases, all carefully, and many of them most minutely recorded. His clinic costs him personally over three thousand dollars a year. Although he still uses the constant galvanic current for the symptomatic cure of fibroids and the fine faradic current for pelvic pain, he has added two other important elements. One, the static current obtained from a Holtz machine, and the other the Tesla current of very high tension and high frequency. The static is given in the form of showers or sparks while the Tesla current is applied as the patient is reclining on a sofa or sitting within a solenoid or cage, the current passing all around him. Want of space prevents me from describing these currents more fully, so I must be content with a summary of my observations:

1st. Apostoli does not treat surgical cases with electricity. Each time that I attended his clinic I saw case after case sent to the surgeon, because these cases had either disease of the appendages or cancer of the uterus, neither of which he claims to cure by electricity. He wishes it to be distinctly understood, therefore, that electricity is an ally and not a rival of surgical treatment.

2nd. If I had any doubt, which I have not, as to the great value of electricity as a diagnostic agent in gynecology, it would have been dissipated by what I saw at Apostoli's clinic. As the cases were brought before him, the assistants reported that in several of them there was intolerance of even small doses of 40 or 50 milliamperes. Apostoli invited me to investigate them carefully with him and by the aid of the clinical history and the physical examination I would have suspected diseased appendages in some and cancer in others. With the intolerance of electricity added, Apostoli felt so certain of the diagnosis that he then and there sent them to the surgeon for operation. He was much interested in a case of my own bearing upon the diagnostic value of electricity. A young woman who had been treated by three physicians with electricity for a large fibroid tumor of the uterus, was rendered worse each time. Guided by Apostoli's advice, I

suspected pus tubes, and on performing laparotomy I found that what was thought to be a fibroid was a collection of four enormous abscesses of the two tubes and ovaries.

3d. I saw demonstrated the important place occupied by the electrical treatment of ovarian pain, for which so far neither medicine nor surgery have proven very effective. And yet no other word than magical would express the effect of the *static* spark on tender ovaries. Cases which could not endure firm pressure on the ovarian region without crying out, declared after two or three minutes of applications of the static sparks, that the same pressure caused them no discomfort whatever. Some of these patients were seen for the first time while I was there and did not leave my sight for a moment, nor was a word spoken to them until the effect was produced; so that they did not know what was being done, nor what was the effect expected. I cannot say how long the relief lasted, but Apostoli assured me that many cases, even including those suffering from ovarian pain after removal of the ovaries, had been completely cured by this treatment, which he tells me has taken the place of the current from the long fine faradic coil.

Pozzi, with whom I had the pleasure of spending a morning at the Broca hospital, is one of the most striking figures of the profession in Paris. Like our own Sir William Hingston he is a Senator and a Knight (of the Legion of Honor), and he is also a full Professor of the University. He is a tremendous worker, his book on Gynecology being one of the most complete that has ever appeared. I was always puzzled to know how he managed to find the time to write such a work and on confessing my curiosity he told me that he obtained leave of absence from the University and from the Hospital and taking many cases of note books and monographs with him, went to Montpelier, where he shut himself up like a hermit for two years, writing for fifteen hours a day. I saw him do an abdominal hysterectomy, during which, in order to give himself more room to work, he first split open the fundus and enucleated a large fibroid by screwing a speci-

ally made corkscrew into it. The remainder of the operation was exceedingly simple, because relieved of its load the uterus was easily lifted out including the cervix and the six arteries ligatured individually with catgut, and the peritoneum closed. As far as I could learn vaginal hysterectomy is gradually being abandoned in France where it had its greatest stronghold; and Howard Kelley's method of abdominal hysterectomy is gradually taking its place, Pozzi getting the city council of Paris to build a one hundred thousand dollar operating theatre and laparotomy pavilion. It will be without wood, marble and cement throughout so that each day it may be washed with a stream of bichloride solution with the hose.

Segond is next in seniority to Pozzi and is about forty-eight years of age. He is a man of great force of character and is making a marked impression on the progress of gynecology in France. He was a strong advocate of vaginial morcellement of the uterus for pus tubes, fibroid tumors and all conditions in which both tubes and ovaries had to be removed. While visiting America a year ago, he performed this operation eleven times before large assemblages of gynecologists and he did them so elegantly and quickly that he elicited the admiration of all who saw him operate. But though he came to show American surgeons what could be done with vaginal hysterectomy, they in turn showed him what they could do by the abdominal method, with the result Segond became converted by those whom he came to convert and ever since his return he has become so strong in his advocacy of Kelley's method as to carry all before him. They all, however, still remove the cervix, even when there is no suspicion of malignancy, their sole object being to obtain vaginal drainage which they think was the strong point leading to their great success in the vaginal method. In this I think they are mistaken, as it adds very much to the time required for the operation, several whom I saw doing it taking more time to arrest the vaginal hemorrhage than was required for the ligature of the six arteries and the removal of the tumor. Moreover, I think it

important to leave the *healthy* cervix to avoid shortening of the vagina, and as a rule there is so little to drain that it hardly justifies this opening of the vagina. Segond is a great admirer of everything American and he told the large staff present that the finest hospital he had ever seen was the Royal Victoria at Montreal, and in his writings, which are very forcible and convincing in their style, he loses no opportunity of praising the skill of American gynecologists. I saw him doing an abdominal hysterectomy for cancer of the uterus in which he also removed the upper part of the vagina which was affected; he had great difficulty in stopping the bleeding. He admitted on my inquiring, that his experience with hysterectomy for cancer was very discouraging; so I suppose they have the same difficulty to contend with in France as we have, namely, the case comes to us too late. The above case was at the Salpetriere; the next case was at the Baudeloque where I saw him remove a papilloma of the ovary with secondary grafts on the peritoneum and ascites. After removing the disease he placed a drainage tube and gauze packing on account of the profuse oozing. He recognized the fact that gauze packing keeps in secretions but does not drain them. The third case I saw Segond doing was at a private hospital kept by the nuns, where he removed one tube and ovary from a young lady; but he admitted that it did not give very satisfactory results as he had often to operate them again later.

Richelot as far as I could learn comes next to Segond. I saw him operating at the St. Louis hospital, the dirtiest looking old barracks, internally, that I have ever seen. As this was probably not his fault I felt very sorry for him. I called upon him at his elegant private house, 32 Rue Panthiere and although he was crowded with patients he received me most kindly and made an appointment for the next day. Everything during the operation was rigorously aseptic, which of course is the principal thing; but any stranger seeing *only* that hospital would have a very bad opinion of French hospitals. I was glad that it happened to be a vaginal hysterectomy for disease of both appendages, pus tubes,

for that is his forte. He performed the operation beautifully in about the same time as we would take to remove them by the abdomen. They claim here that the uterus should always be removed when the ovaries are taken away. I also saw him perform a Schrœder operation, using a needle on a handle to pass the sutures. He did not like Martin of Berlin pass a preliminary suture on each side to control hemorrhage. At all the hospitals the feet and legs of the patients are bandaged up in a thick layer of cotton well sterilized, an example worth following as it helps to keep up the bodily temperature. To close the abdomen Segond uses through and through silver wire: Bouilly through and through silk worm guts, and Pozzi three layers, two of bruised catgut and one of superficial silkworm gut. *Doyen* is said to be the equal of any but he did not operate while I was in Paris. *Bouilly* operates beautifully at the Cochin hospital. *Tuffier* is a rising man. My next letter will be from Berlin.

Gravel.

By J. Alexander Wade, M. D., Danbury, Conn.

Certain solid substances which are usually carried off with the urine are sometimes precipitated, crystalized in the tubules of the kidney or any of the other portions of the urinary passages and voided in crystals which are always visible under the field of the microscope and oftentimes to the eye alone.

This condition is called gravel, and is one of the most distressing complaints that the physician has to deal with. The cause of these crystals being thrown down is, that there is too much concentration of the urine, it becomes too heavy in the organic constituents and as most frequently met with in general practice, is composed of uric acid and is the red sand which quickly forms around the sides of the vessel in which it is voided. Those suffering from a gouty diathesis, especially when aided by a sedentary life and high living, are more likely to have this disease, though I have met with it in every condition of life

According to Keyes the symptoms are as follows:

"This pain (of the back) is deep seated and is felt over the kidneys, usually unilateral, often extending around the side following the course of the ureters, sometimes continuing on and into the testicle, oftentimes complicated by bladder symptoms, of stone in the bladder or of chronic cystitis of the neck. The pain varies in intensity and is usually made worse by fatigue. Oftentimes the patient cannot lie upon the affected side in the bed. The pain is usually a dull, deep ache, occasionally sharp, darting, pricking in character. It may come on gradually or suddenly and remain according to its causes, from a short time up to many years, perhaps until death."

In looking up the authors of the various text-books on this quite common disease, I was amazed to find that the treatment recommended is of the most meager description and consists chiefly in the use of some of the various mineral waters, which do not contain enough of lithia (the only good in them) to produce any therapeutical results whatever, the use of a restricted diet and some alkalies.

A quite extended experience tells me that gravel is a much more common disease than is usually thought, that the diagnosis is oftentimes not

properly made out and the patient suffers on, because of the fault of the doctor. We should be much more careful in the examination of all the backaches that come to us, especially in the male, and see if the urine is loaded with the uric acid crystals. It is an easy matter to distinguish this trouble, provided a little time and pains are taken with the examination.

Until recently the treatment was not at all satisfactory. There can be no question but that lithia is the best treatment, but how can we get a lithia which will pass into the system and do the work that was intended for it, (the formation of a chemical change with the uric acid, making a soluble salt so that it can be excreted) instead of doing as usually is the case, go in the mouth and out of the anus just as it was taken in. I am free to claim that lithia as commonly taken into the system in tablets and so forth, does not enter into the system except in the very slightest proportion and then not enough to do good. Lithia must be *dissolved* in the stomach, must be *taken up* into the blood, must be *united with the uric acid* there present and in excess, form a soluble salt which is washed out of the system, *to be of any good.* This the waters and tablets will not do. The testimony of almost the entire profession is in accord with these facts.

Until lately I have been at sea about the treatment of these cases of gravel. Some I have cured but it always seemed by the grace of God rather than by my treatment. Now the whole scene is changed. Since the new salt of lithia called thialion, has been discovered, which *is* absorbed, which *does* go into the system and form the soluble salt, my troubles are over as to the treatment of gravel. *Every* case has yielded. The relief had come quickly, at once, almost, and I was able to prove that it was the thialion that was doing the business, by chemical and microscopical examination of the urine, showing the lithia present inside of *four hours after administration.*

Let me cite just one case out of the many. Mr. G., aged 53, a well-to-do farmer, weighed 160 pounds, sent for me to come and see him on the 6th of December, 1897, and I found him with the following history and symptoms. His father and mother, who lived to a good old age, had suffered from rheumatism greatly, while the father, who was never a fat man or a big liver, suffered for years from the gravel and the subsequent kidney colic attacks. My patient had had the attacks like the one which he was now suffering from, for the last five years. Had had three different doctors, who had doctored and doctored him in vain. At first he had one every six months, but now they came on once in about three months. His bowels were only in a fair condition, and you will find that most of these cases suffer from constipation in some of its degrees of severity. The only thing that gave him relief from his severe pain was morphine, and he begged me for that. An examination of his chamber showed it incrusted

all over the bottom with the reddish brown deposit which indicated an excess of uric acid crystals. His wife said that she simply could not remove it even with sand.

He was in great pain, rolling from side to side in the bed, it being greatest in intensity in the left side over the kidney. The pain streaked down the leg and into the testicle on that side, drawing that organ up tightly into the body. The tongue was coated and his breath foul. The water was scanty and highly colored with a high specific gravity. I ordered him to take a teaspoonful of thialion dissolved in a teacupful of hot water and repeated every two hours until the bowels moved freely. This took three doses. His pain was lessened after the second dose and became bearable. After this he took two doses, one morning and night before meals for three days and then one dose on rising in the morning. His bowels became natural, his health improved rapidly, the urine became normal, no more uric acid crystals were excreted and no more attacks of nephritic colic. In fact has not lost a day on account of sickness since the attack above mentioned.

Why Chronic Otorrhea Does Not Get Well.

By E. B. Gleason, M. D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia.

In the list of questions of the more careful life insurance companies invariably appears the query "have you ever had a discharge from your ear?" If the answer to this question is not negative, it is often impossible for the applicant to secure a life assurance policy. The fact that the life assurance companies recognize chronic otorrhea as a common cause of death, although recent, is now so well known as scarcely to require explanation or comment. The fact that death as a result of intracranial complications of otorrhea may occur is better understood than that ill health is not unfrequently the result of the slow absorption of the products of inflammation from otorrhea. That this is the case appears from the fact that patients not unfrequently gain in weight and health after the cessation of otorrhea.

Only a somewhat limited number of cases of chronic otorrhea *completely* recover. The portion of drum-head destroyed is replaced by a cicatrice, which while it does not improve hearing, serves almost as well as the original drum head to exclude cold, dirt and other irritants from the sensitive mucous membrane of the middle ear, and thus tends to prevent a relapse with renewed suppuration. It should be borne in mind that the principal function of the drum-head is not to increase the hearing power or act as a check ligament to the malleus, but to afford protection to the delicate structures of the middle ear. The writer has observed a number of cases where the drum-head and two of the larger ossicles were absent, and the hearing in the affected ear

was rather above the average, both for conversation and the tick of a watch. The absence of the drum-head, however, does render such an ear more liable to recurrent attacks of catarrhal inflammation of the exposed mucous membrane; which at any time may become purulent in character and extend to all portions of the middle ear, and finally involve the intracranial structures with fatal result.

Among the more common causes that prevent the cure of chronic otorrhea should be enumerated first of all, absence of the drum-head. When in any other portion of the body mucous membrane is exposed for a long time to the air, it ceases to be a secreting surface and becomes covered with epithelium resembling that of the surrounding skin. This same process occurs in the ear when its mucous membrane is exposed; but the process of *epidermization* is rarely complete enough to cover the entire middle ear with epidermis, and as a result of the irritation caused by moisture supplied by surrounding mucous surfaces or from other causes, the epidermis lining the middle ear exfoliates somewhat rapidly and little balls of epidermal scales collect, which from time to time require removal in order to prevent a recurrence of the discharge. Cleansing of the middle ear from epidermal scales and other accumulations may not be necessary more frequently than once in two or three years; but when necessary it should be done thoroughly and by an expert. If cleansing of the ear is not done from time to time, the accumulation will sooner or later become sufficiently irritating to set up a discharge which will continue until the accumulation is washed away, after which the discharge may or may not cease spontaneously. The condition of the ear described above is by no means uncommon, and may be considered as a not unfavorable termination of the disease. With no more care than is commonly given to the teeth after a dentist has put the mouth in good condition, the ear can be maintained in a fairly good condition during a person's lifetime. But in such cases eternal vigilance is the price of safety, and the individual may pay for neglect with his life. It is for

this reason that life insurance companies hesitate to insure an individual who has chronic discharge from his ear. If none of the ossicles are present, the mass cannot be washed away by discharges, nor can it always easily be detected and removed by the surgeon. Under such circumstances the mass becomes saturated with decomposing pus and the discharge is sometimes extremely fetid. Growing larger constantly, the pressure of such a mass produces caries and absorption of the surrounding bony walls until the entire temporal bone may be converted into a shell containing the accumulation. Such masses were referred to by the earlier writers on diseases of the ear as "pearly tumors;" but are now called cholesteatoma, from the fact that the mass contains cholesterine crystals. A large portion of the temporal bone may be occupied by such an accumulation without producing any symptoms except continued otorrhea, which remains horribly fetid in spite of the removal of polypi and thorough cleansing. In a young girl, 17 years of age, the entire mastoid bone was found to be occupied by such a mass, the only symptom of which was a fetid discharge which had continued since her second year. In this case a radical mastoid operation was done simply because the discharge from the ear remained fetid after four weeks of faithful treatment. The operation resulted in a cessation of the discharge, and hearing that was in all respects nearly normal—a result that could not have been accomplished by simply removing the larger ossicles or even by the Wolfe operation.

The middle ear consists of a chain of five cavities, the first of which is the Eustachian tube. Pus generally accumulates in the tympanic extremity of the tube and should be blown into the atrium by means of the Bolitzer air douch before an attempt is made to cleanse the middle ear by the syringing. The second of the middle ear cavities is the lower part of the tympanum or atrium. Above the atrium and extending *outward* over the bony roof of the external auditory meatus is the third of the middle ear cavities, the attic. Between the attic and the meatus,

forming the floor of the former and the roof of the latter is a triangular ledge of bone, which, because it slopes somewhat sharply downward and inward toward the tympanum, has been named by Leidy the scute or toboggan slide. Upon the scute within the attic lie the head of the mallens and the body of the incus. From the head of the mallens, the handle of this bonelet projects downward to be inserted into the drum head: while from the body of the incus its descending process extends downward into the atrium to articulate with the stapes.

From the anatomical arrangement described above it will be observed that the cavity of the attic is almost completely shut off from the cavity of the atrium by the presence of the larger ossicles; and hence when the attic is suppurating the products of inflammation more readily find their way backward, upward and outward into the mastoid antrum, than downward into the atrium. The anatomical condition is somewhat alleviated by the presence of the descending process of the incus which acts as a sort of drainage tube upon the surface of which pus flows from the attic into the atrium. Hence, somewhat early in cases of suppuration of the attic the descending process of the incus is ordinarily destroyed by caries, thus setting the stapes free from the disastrous effects upon the hearing of ankylosis of the malleus and incus, which is a somewhat common result of intra-tympanic inflammation of all kinds. The comparatively good hearing observed in nearly all patients when there is a large destruction of the drum-head, which forms such a vivid contrast to the greatly impaired hearing in the so-called cases of dry catarrh, where the drum-head is invariably present, is due largely to the fact that the stapes is thus early set free in most cases of suppuration of the middle ear.

Above, posterior and more external than the attic is the fifth of the middle ear cavities, the mastoid antrum. It is surrounded except above and medianly by the mastoid cells. The somewhat narrow neck of the antrum or *additus ad antrum* connecting the attic with the antrum is the fourth of the middle ear cavities.

It chiefly is of interest to the surgeon because in its hard, bony floor the facial nerve lies so superficially that it might readily be wounded by a careless or ignorant operator.

Besides the accumulation of cholesteatomatous masses and other products of inflammation, the presence of polypi and necrosis, or rather *caries* of the ossicles, are common causes of long-continued suppuration of the middle ear. Both of these conditions are ordinarily the result of imperfect drainage from the attic, and more rarely from the mastoid antrum as well.

When suppuration of the atrium alone exists, the simple removal of a polypus and thorough cleansing of the parts is sufficient to bring about a speedy and brilliant cure of a chronic suppuration that may have existed for many years; but in most instances successful treatment of chronic otorrhea resolves itself into some surgical procedure for facilitating the removal of the products of inflammation from time to time as required, and keeping the parts dry. Of all antiseptics, lack of moisture is probably the most effectual. Frequent dusting of the parts with an absorbent powder, preferably boric acid, is somewhat effectual in securing the necessary dryness of the parts; but all measures that tend to prevent free access of air and rapid evaporation should be carefully avoided. Wearing absorbent cotton inside the meatus is capable of keeping up a discharge from the ear for years which otherwise would speedily cease.

The simplest operation for improving drainage from the attic is removal of the remains of the two larger ossicles and the drum-head, as well as all granulation tissue and debris that can be reached by instruments. As very little space is gained for drainage and access to the parts, the operation is unfortunately often a failure. An improvement on this simple procedure is the removal of the scute in addition to the ossicles. This is the so-called Wolfe operation, and is effectual when simply the atrium and attic are involved in the chronic suppuration, which, unfortunately, is only the case in a somewhat large proportion of cases. The operation which almost invariably yields satisfactory results

is the radical mastoid, or Stacké operation. The auricle and cartilaginous meatus are detached from the side of the skull behind and held forward by an assistant. The remains of the two larger ossicles, the drum-head, the scute, and also the posterior bony wall of the meatus are removed in such a manner that when the auricle is replaced the whole of the cavities of the middle ear shall have been converted into one, all parts of which remain permanently open to inspection and cleansing. In many instances this operation, which in skillful hands is comparatively free from risk, affords the *only* method of bringing about a cure of chronic otorrhea. The patient's hearing is not impaired by the operation, and in most instances is decidedly improved, reaching in some instances, as in the case cited, almost above the normal.—*Medical World.*

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A Journal of Review, Reform and Progress in the Medical Sciences.

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EDITORIALS.

Street Noises.

We are inclined to think that the day is not far distant when street noises in the cities will be reduced to a minimum, by law, and it will constitute a serious demeanor for anyone to unnecessarily add to them. The advent of rubber tires marks the beginning of a decline in city noise, and with the removal of the vehicle element which contributes so largely to the actual pandemonium reigning during the day in almost every city, there

will be a notable decrease in the other noises. That this will be "a consummation devoutly to be wished for," few will deny.

Noises, particularly when continuous, are capable of exerting a more deleterious effect on the human body than most people are aware of. The intimate relation existing between the auditory apparatus and the nervous system is well known and constant irritation applied to one necessarily has its effect on the other. That a deafening noise is a source of irritation to the auditory apparatus requires no argument. One has but to remember the soothing influence of some beautiful piece of music and compare its effect with the fearful din produced by the traffic of a large city, to realize that a noise *is* irritating. Then again, if a person is worn out by the hustle and bustle of a busy life in the city, how grateful it is to leave all the noise behind and spend a few days in the quiet of some country town—

"Far from the madding crowd's ignoble strife."

It seems to us that noise long continued must lower the vitality and resisting power of the delicate nervous system. A sick person is not only annoyed but always made worse by harsh, unpleasant sounds. Rest is not only prevented, but noises are unquestionably a pronounced shock to one whose nerves are already weakened by disease. Therefore it is rational and in the line of logic to suppose that anything which can do so much harm in a diseased condition must have some influence on a healthy one. That influence may not be sufficient in every case to produce a patholic state, but it certainly lowers the normal resistance of the body. If the theory of the neuron and its movement is correct, and the accumulation of evidence is in its favor, who can say that the constant agitation of the neuronic elements by the unconscious or sub-conscious irritation produced by city noises may not be one of the exciting cases for the many nervous phenomena the physician is constantly meeting in his practice.

It certainly is an interesting question for study, and the matter will assume more importance as it is better understood.

The din of the city is unquestionably annoying; it is more than probable that it superinduces diseased nervous conditions, and from the esthetic point of view alone it should be diminished as much as possible. Much of the noise of the street is unnecessary and action by the proper authorities will at least eliminate the unnecessary part.

The State Bacteriological Laboratory.

We are glad to notice that the lay press throughout Vermont are urging strongly the continued maintenance of a State Pathological Laboratory. The laboratory as at present superintended by Dr. Linsley, has abundantly demonstrated its value to the people and it is deserving of all the praise and support it can receive. Dr. Linsley has done well and we only express the sentiment of the whole Vermont profession when we say that the laboratory should be put on a permanent basis with Dr. Linsley at the head. Nearly every State has a like institution and the benefit which they bring to the people by facilitating medical diagnosis, is unlimited. The health of a people of a State constitutes its wealth, and no means of raising the public health should be neglected.

It is our earnest hope that the State Legislature will recognize the efficiency of the State Bacteriological Laboratory, together with its urgent need in the State, and take the necessary steps for its continuation.

MEDICAL ABSTRACTS.

Keratitis and Conjunctivitis.—Keratitis and conjunctivitis may be treated with massage and a sublimate-cocaine salve. Sassaparel has found the following salve, followed by gentle massage through the closed lids, for a minute or two, extremely effective in cases of phlyctenular keratitis, ulcers of the cornea, chronic conjunctivitis and episcleritis ; cure in ten days at most : Five per cent sublimate solution, one drop ; cocain hydrochlorate, ten centigrams ; vaselin, four grams.—*Sem. Med.*

Treatment of Dysmenorrhea.—Dr. Skene Keith says (*Therap. Gaz.*, Vol. XXII., p. 273) that in the way of prophylaxis nothing is so important as to keep the feet warm. Great attention should be paid to this point, and if a growing girl shows a tendency to cold feet, she should be dressed warm and have a hot-water bottle at her feet at night. The general health should of course be attended to. Exercise in fresh air and the avoidance of too exacting lessons are important. As soon as the menses make their appearance, if the girl shows any symptoms of dysmenorrhea, she is to be kept constantly in bed and not allowed to get up until the pain is entirely gone, and the flow is over or almost so. A large poultice should be kept over the abdomen. as long as there is any pain. A saline draft at the commencement, with a mild diaphoretic and a small dose of potassium or sodium bromide will prove very serviceable.

When the dysmenorrhea has lasted for some years, this general treatment will not often effect a perfect cure, but it should nevertheless be tried in all cases, where the pain is not very severe, for six months or a year ; and it should be explained to the patient, that this treatment is not meant as a temporary relief only, but is expected to cure permanently. Little difference exists as to the general treatment of such cases, but the opinions as to the local treatment vary very greatly. Some recommend the use of stem-pessaries ; some advocate dilatation, slight or great, with or without curetting ; and some say the best results are obtained by lateral or posterior division of the cervix. The author highly recommends a modification of the last method, namely, posterior division of the cervix with stitching. This modification makes such a great difference in the results that it is practically a new operation. What is aimed at, may briefly be described as the straightening out of the uterine canal, and the healing of the cut surfaces by the first intention, so that there will be no hard tissue, or any

possibility of the old bend returning. The most essential part of the operation is the accurate stitching together of each half of the wound when the cervix is divided. Performed with the uterus in its natural position—i. e., without drawing the cervix to the outside—with the aid of a Sims' speculum three-quarters of an inch across, it can be done without rupturing an ordinary hymen, but it is not an operation to be undertaken by those who have not the required dexterity. By this operation, the author says, nothing is left to chance, and unless the cuts do not heal, the cervix remains permanently in the position and of the shape it is left at the time of the operation. All the cases he has operated on in this manner have been cured or improved; not only as regards the dysmenorrhea was the effect good, but also as regards the general health. Where an operation is absolutely refused, electricity by Apostoli's method will do good. R.

Angina Pectoris.—In a case of angina pectoris recently reported, after inhalations of nitrite of amyl, large doses of morphine and nitroglycerine had failed and after nothing but chloroform to the point of insensibility would give relief, the author found that a hypodermic injection of 1-75 of a grain of hyoscine hydrobromate was eminently successful, giving complete relief in fifteen minutes. This dose was rather large for a beginning, but the case was a desperate one.—*Prac. Med.*

Spasmodic Croup—Dr. G. G. Marshall has found in nitro-glycerin an ideal remedy for spasmodic croup, where steam inhalations and emetics fail, or where they depress too much to bear repetition. He recommends it to be given in small doses frequently repeated. To children from five to ten months old he gives from one ten-hundredth to one six-hundredth of a grain, repeated in from five to ten minutes if no effect is noticeable. Usually in ten minutes there is marked relief in the dyspnea and general appearance of the child. By repeating these small doses from every fifteen minutes to once in one to three hours, the laryngeal spasms are controlled. Sometimes it is not necessary to repeat it more than once or twice; at other times the remedy has to be continued at more or less frequent intervals for two or three days.—*Atlantic Med. Weekly.*

Cold—Wunche (*Ther. Monats.*) reports a prescription for colds which in the early stages is said to act almost specifically. It consists of menthol, one to two parts; chloroform, twenty parts. Four to six drops of this mixture are poured in palm of hand, rubbed in quickly with the palm of the other hand, and then both hands held as a cone over the nose and mouth, inhaling deeply. This may be repeated two or three times daily if needed. —*Vir. Med. Semi. Mon.; Lancet. Clinic.*

Enlarged Cervical Glands—When a patient comes to you with enlarged lymph nodes of the neck, be sure to examine the throat most carefully. If the patient is a child remember that a very common cause of lymph node inflammation is the presence of hypertrophied tonsils or of adenoid vegetations. In an individual of middle age, examine any hypertrophy critically, bearing in mind the possibility of neoplasm.—*Internat. Jour. of Surgery.*

Guaiacol in Epididymitis—Lenz. (*Wien. Klin. Rundschau*, Nos. 4, 5, 6, 1898) gives his results from the use of guaiacol in fifty-two cases of epididymitis, fifty of which were of gonorrhœal origin. He uses a 10 per cent. ointment made with vaseline, or a 5 per cent. if the skin of the scrotum is tender. The scrotum is first washed with soap and with ether. This ointment is applied during the acute stage, and the author claims that in from three to five days the fever, pain and swelling disappear. In subacute stages the action of guaiacol is less active and very slight in chronic cases. After the acute stage it is best replaced by a 1 or 2 per cent. ointment of extract of belladonna, with equal parts of simple ointment and unguentum diachyli. Salol internally, 15 grains *ter die*, is a useful adjunct to the treatment. The quick absorption of the guaiacol is shown by its appearance in the urine in fifteen to thirty minutes, as shown by the reaction with perchloride of iron, while its quick elimination is proved by the fact that none is present in the urine after twenty-four hours.—*Guillard's Med. Jour.*

BOOK REVIEWS.

Genito-Urinary Diseases, Syphilis and Diseases of the skin. Edited by L. Bolton Bangs, M. D., Consulting Surgeon to St. Luke's Hospital and the City Hospital, New York. Visiting Genito-urinary Surgeon to St. Mark's Hospital, New York, etc.; and W. A Hardaway, A. M., M. D., Professor of Diseases of the Skin and Syphilis in the Missouri Medical College, St. Louis ; Physician for Diseases of the Skin to the Martha Parson's Hospital for Children. Illustrated with 300 engravings and 20 full-page colored plates. Price, cloth, $7.00 ; sheep or one-half morocco, $8.00. For sale by subscription. Philadelphia : W. B. Saunders, 925 Walnut Street. 1898.

This book is the latest addition to the famous American Text Book Series. It sustains well the high reputation gained by its predecessors, and like them will undoubtedly become the standard authority in its particular subject. The first 765 pages of the work are devoted to the consideration of genito-urinary diseases and syphilis, each division being treated in detail by well known medical writers. This section of the book is unusually satisfactory and presents in a complete, readable form all the best and modern teachings concerning diseases of the genito-urinary system and syphilis. The portion of the text devoted to treatment is particularly valuable, giving as it does the latest and most approved methods used in treating genito-urinary diseases.

The second section is a most thorough consideration of diseases of the skin, and each disease is written up in its entirety by various well known dermatologists. The classification used is remarkably clear and rational, and adds a good deal to the value of the text. Nothing is slighted and we are surprised from first to last at the large amount of information contained in the volume. The illustrations are well executed and sufficiently numerous to serve well their purpose.

In every way the whole book is up to date and much of what it contains is entirely new. Both sections show careful editing and the editors are to be congratulated on the excellence of their work. The various writers all deserve credit for their individual contributions and any composite work made up of products from so many notable sources could not help but be a success. The publishers' work is in keeping with the rest of the book.

Brief Essays on Orthopaedic Surgery.—Including a consideration of its relation to general surgery, its future demands, and its operative as well as its mechanical effects, with remarks on specialism. By Newton M. Shaffer, M. D., Surgeon in Chief to the New York Orthopaedic Dispensary and Hospital; Clinical Professor of Orthopaedic Surgery, University of New York City; Consulting Orthopaedic Surgeon to St. Luke's and the Presbyterian Hospitals, New York. New York: D. Appleton and Company. 1898.

This little book is an instructive collection of essays on a subject which has necessarily claimed much attention from surgeons during the last decade. The author has done well to bring together in such a neat, compact form, all of his essays on orthopaedic surgery which have appeared from time to time since 1884. His work is well known and anything he has said or may say, is of unquestionable value to the profession. Therefore we welcome the little volume since it is the product of one whose experience renders him capable of authoritatively presenting the various phases of orthopaedic surgery, i. e., its present status, its possibilities, and its future demands. That orthopaedic surgery will be benefited by the publication of Dr. Schaffer's essays we have no doubt.

Publisher's Department.

No Emulsion of Cod Liver Oil on the market to-day is more satisfactory in every particular than Scott's. The profession have long recognized its virtues and it is safe to say that no preparation of Cod Liver Oil is more universally prescribed. Its use is invariably attended with benefit to the patient, and that benefit is remarkably free from the usual objectionable features of taking Cod Liver Oil. No higher encomium can be paid a valuable and popular remedy than to say that it has been weighed in the balance of many years and not found wanting.

A Cleansing Agent in Diseases of the Nasal Mucous Membrane. By George H. Stubbs, M. D., Birmingham, Ala.

The sheet anchor in the treatment of hypertrophic rhinitis is cleanliness and free drainage.

I have been using for some time a preparation manufactured by the Kress & Owen Company, of New York, under the name of Glyco-Thymoline (Kress). It is a wine-colored liquid, bland, alkaline, antiseptic and non-irritating, and when diluted with three or four times its own bulk of distilled water, makes a most efficient and agreeable cleansing agent for the nasal cavities, and fills every requirement necessary for preparing the mucous membrane for effectual treatment.

At the last meeting of the American Medical Association a widely known rhinologist and larynologist said: "The profession out of reach of the specialist can do more for the relief of patients suffering with chronic inflammatory conditions of the nasal cavities with Glyco-Thymoline (Kress) and the Birmingham douche than any one preparation I know of."

This coming from so eminent an authority is worth repeating, and after a thorough trial of the preparation, I feel justified in indorsing his statement, and believe it to be worthy of this short notice.—*The Alabama Medical and Surgical Age*, March, 1898.

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"One evening I was called to attend a gentleman, a member of my own family, who had just returned from a trip during which he had contracted a well developed case of catarrhal fever as the result of a severe cold. His pulse was 120°, temperature 102 2-10°, skin hot and dry, pain all over the body and a splitting headache; all the mucous tissues were inflamed, involving the nasal tract, throat and bronchial tubes; and eyes were watery, the nose was running, throat sore, in fact his whole system was thoroughly congested.

It was very important that he should be able to travel within a day or two. I ordered him to take a hot foot bath, then drink a hot lemonade and go to bed. I left with him six Tongaline and Quinine Tablets with instructions to take one every half hour, washing it down with plenty of hot water.

I saw him about seven o'clock the next morning and received the following report: About one hour after going to bed he commenced perspiring freely and began to experience a feeling of drowsiness, so that before he had taken all of the Tongaline and Quinine Tablets he fell into a refreshing sleep, from which he did not awake until 5 o'clock. I found his pulse was normal, temperature 99°, skin moist, and pain entirely gone and all the unfaverable symptoms decidedly improved; in fact the trouble was thoroughly under control. I prescribed a mild cathartic and by the following day he was able to go on his way rejoicing.

Since then I have frequently given Tongaline and Quinine Tablets in similar conditions with marked success in each instance."

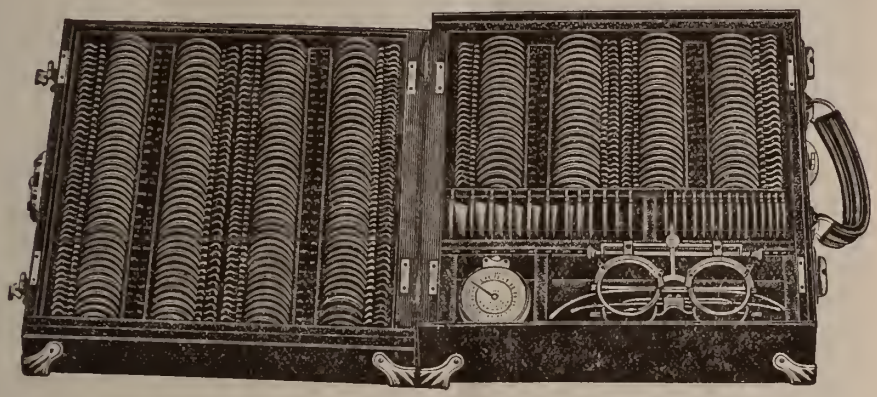
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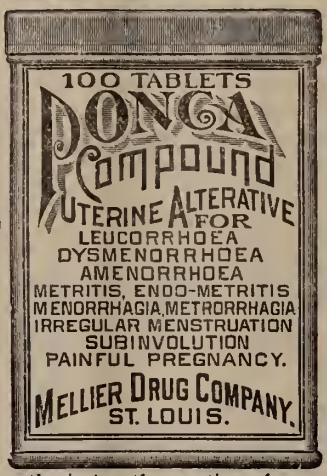
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Some Leading European Gynecologists and Their Work.

By A. Lapthorn Smith, B. A., M. D., M. R. C. S. England, Montreal, Canada.

My last letter described very briefly what I saw in Paris; this letter will speak of some well-known gynecologists in Florence, Vienna, Prague, Dresden and Berlin.

Pertalozza, of Florence.—Having heard that he was doing a large amount of good work, I left the beaten track and went to Florence to see him. He received me most courteously and invited me to come next morning, which was Sunday, at 7 o'clock to see some operations. He has an immense clinic, being in sole charge of forty gynecological and eighty obstetrical beds. Ten of the latter are reserved for isolating infected cases coming from outside. Among his own cases he has had no death from sepsis since several years. The first operation was abdominal hysterectomy for multiple fibroids in a woman who had also prolapse of the vagina; he left a small portion of the cervix to which he afterwards stitched the upper part of both broad liga-

ments in order to draw up the vagina. He used isolated silk ligatures for the two ovarian and two uterine arteries, and he operated very quickly. The silk was prepared by first soaking it for twelve hours in ether to extract the fat, and then sterilizing it in steam for two hours after which it remains indefinitely in 2 per 1000 sublimated alcohol. As it appeared to be particularly good, I took down the address of the manufacturer, Bonti, silk manufacturer, Porta Rossa, Florence. He afterwards removed a cervix which had been left after hysterectomy two years before and which had now become cancerous. Some of the old silk ligatures were found encysted and calcified. He then took me over his hospital and showed me about twenty patients convalescing from laparotomy. I would strongly advise those who intend to visit gynecological clinics in Europe to spend a few days with this talented gentleman.

Schauta, of Vienna.—During my short stay I was unfortunate in not seeing him operating, but this was amply compensated for by seeing his first assistant, Dr. Schmidt, perform a vaginal extirpation of the uterus and appendages for pyosalpinx. He opened the anterior vaginal fornix first and then the posterior, sewing the peritoneum carefully to the vaginal edge, in order to avoid hemorrhage, after which he placed just six silk ligatures on the broad ligaments completely controlling the bleeding, of which there was almost none. By cutting off the lower half of the uterus he obtained more room for the difficult task of detaching and bringing down the densely adherent appendages. I spent another profitable morning with

Dr. Gustave Kollischer, recent assistant to Professor Schauta, who is quite celebrated for his work on the bladder. He catheterized the ureters and gave me a fine view of the bladder with the catheter in the ureter, by means of his cystoscope, which is a modification of Netze's and Brenner's. I was so pleased with its easy working after seeing it used on several cases, that I procured one at Leiter's, instrument maker, Vienna. It has many advantages over examination by speculum, the

principal one being that it does not require any dilatation, nor external light. All you have to do is to draw off the urine, fill the bladder with clear warm water, introduce the cystoscope and touch the button for connecting the current from a little five cell battery, when the whole of the bladder is beautifully lighted up and the smallest foreign body, as well as the openings of the ureters can be easily seen. There is a small channel adjoining the optical apparatus through which the elastic bougie is passed and can be guided into either ureter. He also showed me a beautiful little curette for removing granulation and also little scissors for cutting off polypi and forceps for siezing calculi. He told me that he had removed several wandering silk stitches from the bladder which had ulcerated into it after laparotomies and vaginal fixations.

Pawlik, of Prague, received me very kindly and put me in a good humor by mentioning many of my papers. Speaking of electricity, he said he had employed Apostoli's method in a great many cases and with very good success in arresting hemorrhage, in diminishing the size of fibroids and in expelling some of them from the uterus, but he had given it up because he could not be sure of the result in any given case. He removed a large ovarian cyst by the abdomen, using catgut for ligature and burning instead of cutting off the tumor in order to avoid adhesions to the bowel and also to lessen risk of sepsis. He closed the abdomen with two rows of buried catgut and a third of superficial silk sutures. He prefers the abdominal route for fibroids and pus tubes. I saw them using three per cent of icthyol in glycerine in the out-patient department. Pawlik is a great linguist and speaks English, French and German perfectly, besides three other languages, but what he excells in is catheterising the ureters. He showed me the instruments which he used twenty years ago in Vienna where he told me the proceeding was employed for the first time and by him. His skill in using the ureteral catheter is wonderful; he seemed to introduce it into the bladder and up into the ureter with one gliding movement.

No dilator, no endoscope, no artificial light, not even by sight but merely by the sense of touch. I asked him to measure it, the catheter, and it was found to be thirty-two centimeters long. In a case of hydronephrosis he first injected 200 grammes of water to distend the bladder and then introduced the ureteral catheter and injected 130 centimeters of 1–3000 nitrate of silver solution which he gradually increases after some days to 1–1000. Sometimes he uses sublimate solution. The patient told him when her kidney was distended and on removing the rubber pipe the solution spurted out of the catheter. On making intermittent pressure on the kidney the liquid could be made to spurt out in jets. He also showed me the woman from whom he had removed the whole of the cancerous bladder.

Leopold, of Dresden. As my train did not get in until 9.30 a. m., and I did not reach the hospital until 10, I was too late to see him operating which he begins every morning at 7 o'clock. He is a firm believer in total extirpation of the uterus whenever both ovaries and tubes are severely diseased. He gave me his recent paper on the results of sixty-seven such cases with a mortality of one and a half per cent. Also another paper giving results of one hundred cases of removal of the uterus by the vagina, for myoma, with a mortality of four per cent.

Olshausen, of Berlin. I studied under him ten years ago and was pleased to see that he had not aged at all since then. He gave me a kind welcome and invited me to an operation next morning at 8. When he has several operations he commences sharp at 7, so one has to rise at 5.30 or 6.00 to be there in time. The case was a woman of 65, who had a bleeding polypus, which on removal and examination a few days before was found to be cancerous. He opened the two pouches and sewed the peritoneum to the vagina. He used nothing but catgut throughout, but he always ties three knots on the arterial ligature. The ligaturing of the broad ligament was facilitated by his having the best needle I have ever seen, known as Olshausen's "Unterbinding-snadel," and much superior to Deschamp's. As he trusted entirely

to eatgut I asked him how it was prepared: 1st. Soaked for six hours in sublimate water 1–1000; 2d. The water is removed by soaking for twenty-four hours in sublimate alcohol 2–1000; 3d. Matured for several months in absolute alcohol and used directly from that. After the operation he took me over his wards and showed me a great many cases convalescing nicely from laparotomy. In the latter he closes the abdominal wound with four layers of eatgut in fat patients or three in thin ones. He objects to through and through silk worm gut for fear that it will lead pus into the peritoneum; although another operator, Landau, told me of a woman having died on the 16th day owing to being closed up by layers of eatgut, pus could not get out and so broke into the peritoneum, which would have escaped to the skin if she had been sewed up with through and through stitches. Olshausen dresses the abdominal wound with a very little iodoform and a single little strip of gauze over which collodeni is painted so as to completely seal the wound, and this remains undisturbed for twelve days. I saw several of these first dressings renewed and they looked very well; the eatgut was all absorbed and the knots could be brushed off. As I thought that the buried eatgut would cease to hold the wound after a few days, I asked him if he ever saw hernias. He replied that they would happen in spite of any method of suturing. I told him that I used silk worm gut and left it in a month. He does ventrofiation by passing a silk worm gut stitch around each round ligament near the uterus and fastening it to the abdominal fascia and leaving it buried there. I saw him introducing a pessary and sending a woman away who was brought for operation with a freely movable retroverted uterus, which he first replaced. Next day he did abdominal section for an ovarian tumor with twisted pedicle, and another case of pus tubes and ovaries, also by the abdomen, taking great care to wall off the bowels with quantities of sterilized gauze. No one here flushes the abdomen with water, and they have also abandoned constant irrigation in vaginal work, using instead great numbers of little gauze sponges which

are thrown away as fast as used. Olshausen did not remove the uterus but carefully closed all bleeding points and left it in. On the walls of the operating room he has two cards: "Noli Tangere" and "Favete Linguis." He told me he was going to get another one with "not to expectorate" in Latin. He showed me two cases of eampsia, of which he has about sixty a year, sometimes as many as six at a time. As is well known he is the first authority in Germany on Obstetrics and is Acoucheur to the Empress.

Martin, of Berlin, still stands at the top of the Gynecological ladder in Germany. He operates at his private hospital every day at twelve, which is a great boon for visitors as it enables us to see two or even three other operators each day, and he did two or three a day during the whole week. The first was a vaginal hysterectomy for cancer of the cervix, using catgut for the broad ligaments. It would have been a very difficult case for any one else but was quite easy for him. The second case was vaginal fixation in a lady who had been wearing a pessary for retroversion for many years without being cured. He is the quickest operator I have ever seen, only taking ten minutes for this pretty operation. The same running catgut suture went through vagina and peritoneum and the fixation stitch was of catgut. The third case was one of cystic ovaries in which he opened the abdomen by the vagina, brought out the ovaries, found them diseased, removed four-fifths of them and carefully sewed up the remainder with catgut, and put them back again. After closing the vaginal incision he did anterior and posterior colporrhaphy on the same patient. Next day he did vaginal hysterectomy for a small fibroid which was difficult on account of the senile atresia. I made particular inquiries whether he had ever known of a case of first operative hemorrhage, and he replied not for several years, because they tied it tighter. Next day he did two vaginal fixations for retroversion with fixation. He was greatly aided by an instrument I have never seen before, consisting of a forceps, the posterior blade of which was a stout uterine sound, and which being introduced was used as a lever to

lift the uterus forward while he was opening the visus-vaginal plea or fold. He then detached the appendages and removed them, and after carefully closing the torn surfaces on the back of the fundus, he attached the uterus at the level of the internal os to the vaginal wound. The bad results of pregnancy following the operation in the early cases to fastening the top of the fundus to the vagina, the uterus thus being held upside-down. In another case he brought out the appendages, emptied some cysts in the ovaries and replaced them, and then did vaginal fixation. The next day I saw him cauterizing an inoperable cancer with a very pretty electrical cautery made by Hirshman, 15 Johanniss Strasse, Berlin. It consisted of a sharp porcelain tip heated by platinum wire, and was supplied with current from a small storage battery not larger than a cubic foot. It was quite portable and only cost $60, including a cystoscope and a head lamp for operating on dark days.

Landan, of Berlin, is one of the leading teachers there. He is assisted by his brother and he has a large and handsome private establishment in the Phillip Strasse, near the Charité. The pathological department is looked after by Dr. Pick, who speaks English fluently. He has a beautiful method of preparing specimens which are first hardened in 4 per cent of formaline, and then stretched on wire netting. They have the specimens of every case both microscopical and unmicrospical, from whom they have removed anything, even down to curettings and vaginal discharges, systematically indexed for ready reference. I have never seen anything like it anywhere. Dr. Pick gives a course of microscopy to physicians. I saw Landan remove large double ovarian tumors which Dr. Pick took sections from and mounted and stained while the operation was going on and showed us in a few minutes carcinoma. Landan used silk to tie the pedicles and through and through silver wire for the abdomen. Another day I saw him remove pus tubes by the vagina in a case of retroversion with fixation. He split the uterus up the middle with his scissors and after digging out the pus tubes

he put two or three clamps on the broad ligament on each side and cut them off. I was very favorably impressed with this method in this case. But immediately afterwards he did another patient in whom the pus tubes were much higher up in the pelvis, and he had tremendous difficulty in getting them out by the vagina, and I felt sure that he could have done it much easier by the abdomen.

Duhrssen, of Berlin, seems by common consent to be acknowledged as the ablest among young men of note. He is not much over forty but his large private hospital at 25 Schifflanerdamm, filled with important cases and maintained at his own expense, testify to his ability and energy. He received me most courteously and patiently answered my very numerous questions. He showed me a patient from whom he had removed the uterus by the vagnia, for haemorrhage due to haemophilia, which interested me most particularly because three years before she had come to him for the same thing and he had employed *Sneguiropps'* steam cure which cooked the mucous membrane so well that she did not menstruate at all for three years. He kindly set it going for me. It is a little boiler fitted with a thermometer so as not to let it get hotter than 120° centig., and the steam is conveyed into the uterus by means of a double catheter during a quarter to four minutes. The cervix must first be thoroughly dilated and there must be a rubber tube over the steam pipe so as not to burn the cervix which would cause a stricture. He is an enthusiast for vaginal laparotomy, and claims to be the inventor of vaginal fixations for retroversion, he having published his first fifteen cases before any one else published one. I was very much opposed to the operation before coming here,but since I have seen Duhrssen doing three in an hour as well as several other operators doing it very quickly, and after hearing its manifest advantages, I have been most favorably impressed with what I have seen of it. He opens into the peritoneal cavity in two minutes or less, hooks out the ovaries, tubes and uterus, destroys all cysts by ignipuncture, replaces them, passes a silk

worm gut ligature through vagina, also peritoneum, uterus and out again on other side through peritoneum and vagina. This is left untied until he has sewed up the opening in the peritoneum with a running catgut,and the vagina with another row of catgut, after which the fixation ligature is tied. I made many inquiries about Alexander's operation, but nobody here does it. When I told Olshausen that I could generally find the round muscle with my eyes shut, he invited me to do the operation on a case,but on examination her uterus was found to be fixed, and therefore unsuitable. Next day I saw Duhrssen remove the vermiform appendix and double pus tubes by the abdomen, which he does in about 25 per cent and by the vagina in 75 per cent. Next day he removed a pair of very angry gonorrhoeal pus tubes by the vagina. There was recent peritonitis. As she was a young woman he left the uterus and one ovary. This was a very nice case and he did it very quickly and all outside of the vagina.

Mackenrodt, of Berlin, is one of the coming great men if not already one. He appears to be under forty years of age and is a fine operator. I saw him doing a caesarean section and subsequent total extirpation of the uterus for cancer. The child, about eight months, was taken out alive and did well. There was hardly any bleeding. As soon as the child was removed through the opening in the uterus, he put on two ligatures on each side and a few temporary ones on the uterus side and cut between them until he came to the uterine arteries which he tied. He then separated the bladder and freed the uterus until he had it and the vagina like one tube free almost to the vulva. He felt for the large cervix and cut the vagina below it,not with a knife, but with a large cherry red electrical cautery, his object being to prevent it from infecting the peritoneum. The current measured seventeen amperes and was obtained from the street. The asepsis of himself and assistants was most thorough, spending twenty minutes by the clock in disinfecting their hands. He and most of the assistants here stand on the patient's left so as to use their right hands.

Koblanok, of Berlin, is Olshausen's first assistant, whom I saw removing a large fibroid by the abdomen. The case was an easy one but he did it beautifully.

Gurrerno, whom I was anxious to see, did not operate while I was in Berlin. Neither did Nagel, his assistant.

In closing my letter from Berlin, I must truly say that I have seen more here in one day than I have ever seen in any other city, and I cannot speak too highly of the kindness with which I was received by one and all. Nearly every day I was up before six a. m. in order to get to Olshausens' by seven, and from there I went to Landan's, and from there to Duhrssen's or Machenrodts', and from there to Nearteus' where I remained till nearly two, by which time I felt that I had seen enough for one day. As all these places are within a few minutes of each other, Berlin offers especial advantages for a post-graduate course. My next letter will speak of Sanger, Zuveifel and Jacobs.

Music as a Sedative in Neuralgia.

The *British Medical Journal*, in directing renewed attention to the sedative influence of music in neuralgia, states that Mr. Gladstone, during the many weeks of acute neuralgia, which ushered in the last phrase of his fatal illness, is said to have found great relief in music. Mr. Herbert Spencer is said to have had recourse to music for the relief of nervous disturbance; and the Empress of Austria is reported to have been cured of neuralgia by certain strains of sound repeated at frequent intervals. Many other less illustrious sufferers have had their pain charmed away by the same sweet medicine. The "music cure" had considerable vogue some time ago in Germany, and a special hospital for its systematic application was, we believe, established in Munich. —*Philadelphia Medical Journal.*

Observations Upon the Treatment of Some Cases of Neurasthenia.*

By Jerome K. Bauduy, M. D., LL. D., St. Louis, Mo., Professor Nervous and Mental Diseases, and of Medical Jurisprudence, Missouri Medical College.
Clinical Report by Keating Bauduy, M. D., St. Louis, Mo.

That chalybeates, more especially the *organic* salts of iron, constitute an essential indication in the successful treatment of some cases of neurasthenia, especially in the female, where functional menstrual derangements exist, is to my mind *an indisputable fact.* They produce conditions, oftentimes not attainable by the inorganic preparations for many reasons, which experience and reflection clearly demonstrate.

In a recent clinical study of this affection, my conclusion, as above stated, is fully justified and corroborated by the microscopical blood examinations conducted by my esteemed and skillful friend, Dr. C. Fisch. That cerebro-spinal anæmia is a frequent important concomitant, if not an essential etiological factor of neurasthenia, I hardly think admits of cavil.

The clinical histories of appended cases were compiled by my son, Dr. Keating Bauduy, chief of the Neurological Clinic at St. John's Hospital, under whose direct supervision the investigations were conducted. That the ratio, or number of red blood corpuscles, and the percentage of hæmoglobin were deficient in the normal standard of these cases, prior to the treat-

*Read before the St. Louis Medical Society, Saturday Evening, February 5, 1898.

ment, *is incontestable*, as shown by the microscope. That several of the eases to be enumerated showed marked improvement, even after one or two weeks treatment, is moreover revealed in the same manner, and whieh for rapidity of effect is quite an exceptional, if not a startling therapeutie result, when compared with some of the prior and more established methods of treatment. That many of these eases presented nnmistakable evidenec of satisfactory improvement, from both a subjective and objeetive standpoint, was quite as notable as the permanent eharaeter of their general amelioration. That the ordinary tonics had in some instances been administered with nugatory resnlts, while pursued along the old lines of authoritative medieation, seems quite manifest.

My only explanation of the *surprising results* in the eases herein eited, where the usual offieinal elass of remedies had formerly been ineffcetnally essayed, was the superinduetion as is so frequently the case of disturbed digestion and assimilation ; results but too familiar and disappointing to professional experienee. Aside from the disturbances jnst mentioned, the development of headaehe, eonstipation, etc., freqnently obviate their further administration.

When, a few years ago, my attention was ealled to Gude's preparation of "*Liquor Mangano-Ferri Peptonatus, Gude*," (Pepto-Mangan) so extensively used and highly extolled in Germany, with my usual antipathy for new remedies, I relnetantly gave it a trial, antieipating that I would neeessarily have to eomeombat the usual disappointing effeets of most of the other preparations of iron. The results, however, were *indeed a surprise to myself*, for the coneomitant deranging sequelæ were so slight, that but in very few instances in *my extensive* ntilization and experience with this special pharmacentieal preparation was I obliged to discontinue it. My experience having led me to believe that iron and manganese in combination are both indicated in the vast majority of cases of neurasthenia, this particular remedy, *I am now convinced, will prove a great boon both to the*

patient and the physician. While it is maintained by some that in the hæmoglobin of the red blood corpuscle manganese is present, as well as iron, I have for many years procured results with a combination of both, not directly obtainable with one alone. We know, however, that manganese gives off oxygen to a greater degree than iron, and it has been argued that for this reason its internal exhibition might correspondingly increase assimilation.

Dr. Fisch's appended microscopical report shows that the increase in the per centage of hæmoglobin, in many of this series of cases, is far in excess of the proportionate increase of the red blood corpuscles. *This fact I deem of greater importance as to the effectiveness of the medicine*, because the count of the blood corpuscles is to a certain extent relative, and the size varies greatly in different cases, and for other reasons the same amount of blood plasma contains different numbers of red cells ; hence I would particularly lay stress upon the proportionate increase of the hæmoglobin as the more important factor. The *notable* and *astonishing improvement* of these cases, when placed upon this preparation, led me to their closer scrutiny, as well as microscopic observation. Before concluding, I *wish particularly* to call attention to the fact of the absence of digestive disturbances and necessary consequent interference in the assimilation. All other unpleasant complicating results were notable by their absence. Of course we do not consider the remedy applicable to cases of lithemic neurasthenia, nor in any manner a *specific* in any variety of neurasthenia. In many cases the addition of arsenic and strychnia greatly increase the efficacy of the preparation. I must also take cognizance of the salient fact of the rapidity with which a large number of female neurasthenics, under our treatment, who have suffered with marked functional menstrual derangements, have attained a normal condition under the administration *of this most elegant combination of iron and manganese.*

As it would be tedious and monotonous to present an exhaustive citation of a multiplicity of clinical cases, I have confined myself to a recital of a few typical ones :

CASE 1.—Mrs. S., aged 32 years, mother of three children, came to me in a pitiable mental condition, and had in her arms a nursing hydrocephalic child, five months old. Her mental depression approached a type of veritable melancholia. My first idea was to advise that the child be weaned, and then place her upon the classical opium treatment for melancholia. This was her third child, and like all mothers, she clung to the life of her unfortunate with characteristic tenderness. Therefor she bluntly insisted upon my candid opinion, as to whether the weaning of the baby might prove fatal. Knowing, as I did, that the life of the child was simply a question of a period of short duration in either case, I so informed her; nevertheless, I insisted that the best hope for her recovery wes to wean it. This she refused to do, and after Dr. Fisch had made a blood examination and pronounced her highly anæmic, I reluctantly undertook the case. Aside from her mental depression, physical lassitude, and marked pallor, the "casque neurasthenique" symptom was a dominant feature in her case. Any effort to perform her usual household duties produced sensations of cerebral fullness, and persistent pain in the vertex. She even confessed that the idea of suicide had of late frequently haunted her. Under the administration of "Pepto-Mangan," with no other treatment, after the short period of fifty-two days, she was discharged fully restored to her normal condition. Microscopic roport showed a relative gain in number of red blood corpucsles of 34 per cent.; hæmoglobin, 44.5 per cent.

CASE 2.—Mrs. Sim, aged 23 years, mother of two children, youngest six months and nursing. About the fourth month of her last pregnancy she was troubled with dyspnœa. Gave history of instrumental delivery, followed by puerperal eclampsia. Great loss of blood during birth of child. Two months later, abscesses developed in each breast, and patient was confined to bed during a period of ten weeks. Case presented typical manifestations of neurasthenia, also characteristic apprehensions, with preternatural emotional mobility. Constant cephalalgia in vertical region, persistent parasthesiæ in extremities, mouth and tongue, were also present. She was intensely pale with every appearance of profound anæmia. Aside from a mild laxative which was given to obviate constipation—an obstinate feature in her case—nothing was administered, save "Pepto-Mangan." After a period of treatment of forty-nine days I discharged her, as she evinced none of the symptoms which formerly existed. A notable feature was the corresponding improvement of the child, notwithstanding the fact that I had previously insisted upon its being weaned, which she had, nevertheless contrary to my instructions, continued to nurse. Microscopic report showed a relative gain: red blood corpuscles 19 per cent.; hæmoglobin 27 per cent.

CASE 3.—D. G., aged 25 years, unmarried. Suffered from nervous headache for past year. Vaso-motor disturbances evidenced by alternate

flushings and pallors, heat and cold. Atonic dyspepsia. Irregularity of bowels. Disturbed sleep. Depressed physical condition, correspondingly weak pulse. After taking "Pepto-Mangan" fifty-seven days, reported feeling generally improved. Digestion was better, pulse stronger and headaches greatly diminished in intensity. Vaso-motor disturbances disappeared. Microscopic examination showed a relative gain: red blood corpuscles 11 per cent.; hæmoglobin 15 per cent.

Case 4.—Miss S., aged 28 years, presenting many of the well-defined symptoms of neurasthenia, was in a condition of profound mental and physical weakness. The history showed that since our great cyclone of May 27, 1896, she had never been her normal self, and was unable to perform any sustained mental or physical strain. Dating from that episode she had always worried, and was constantly the victim of peculiar forebodings. Insomnia and general malaise were cardinal systoms. My diagnosis was what has been termed "cyclone neurosis," of which I have seen numerous cases. Menorrhrgia exists to an alarming extent for which I accordingly recommended rest and the recumbent posture during her periods. Because of the pronounced insomnia, I prescribed a nightly dose of hyoscyamine and sulfonal during the first week of treatment as a hypnotic, which constituted the only medication other than "Pepto-Mangan." After having taken the latter for forty-one days, I discharged her from treatment, as she had passed her last menstrual period after a normal flow of three days, her pallor having given way to rosy cheeks and her physical and mental condition being entirely satisfactory. Microscopic report showed a relative gain: red blood corpuscles 38 per cent.; hæmoglobin 47 per cent.

Case. 5.—Mr. C., aged 21 years, unmarried. Highly anæmic, very pale. Anorexia and insomnia persistent. Physical condition greatly depressed. Cardinal feature was a sexual hypochondriacal tendency. Gave history of excesses both alcoholic and sexual. Aside from advice as to the necessity of leading a moral life, and abstaining from all stimulants, gave no medicine but "Pepto-Mangan," with the addition of arsenic and strychnia. After fifty-seven days of treatment, patient was much benefited. Microscopic report showed a relative gain: red blood corpuscles 9 per cent.; hæmoglobin 27 per cent.

Case 6.—Mrs. D., aged 36 years, married; five children. Since birth of last child, eighteen months ago, has been in state of profound nervous prostration. Previously resisted ordinary tonic and constructive treatment. Menorrhagia was the dominant feature of the case. After taking "Pepto-Mangan" for fifty-one days patient evinced more improvement than during any stated time throughout the past eighteen months. Last menstruation approached tbe normal flow. Microscopic report showed a relative gain: red blood corpuscles 13 per cent.; hæmoglobin 8 per cent.

Case 7.—Mrs. J., aged 48 years, widow; mother of a large family. Cardinal feature of the case was recurrent cephalalgia at intervals of several days This case reported an improvement as to the intensity and duration of headaches, after the peoriod of fourteen days of treatment. Only two blood examinations were made. A further opportunity to observe this patient did not present itself, in consequence of her failure to continue the treatment. Microscopic examination showed a relative gain: red blood corpuscles 14 per cent.; hæmoglobin 13 per cent.

Case 8.—H. F., aged 18 years, school teacher, unmarried. Symptomatology of neurasthenia. Malaria was a complicating feature. Amenorrhœa for past six months was the principal symptom for which she consulted me. Aside from a course of quinine to eradicate the malarial feature, I exclusively gave "Pepto-Mangan." After forty-seven days treatment she was apparently much improved, her menses having appeared in the interim. Microscopic examination showed a relative gain: red blood corpuscles 9 per cent.; hæmoglobin 22 per cent.

Case 9.—Mrs. L., aged 42 years, married, three children. Comes from neuropathic family, one uncle in epileptic. Has always been quite delicate and anæmic. Since sudden death of husband has manifested great irretability of temper. Loses control of herself upon the slightest provocation. Cries easily, but not melancholic. Peculiarly apprehensive of sudden death; imagines upon retiring, that she will never awake; paroxysmal attacks of anxiety, and fatigued upon the slightest exertion. Anorexia. Habitual constipation. Sleeps restlessly. Patient although still very pale after taking "Pepto-Mangan" for twenty-seven days, began to manifest a general improvement. Microscopic report showed a relative gain: red blood corpuscles 11 per cent.; hæmoglobin 12 per cent.

Case 10.—Mrs. P., aged 36 years, married, no children. Family history predisposed to tuberculosis. Physically in good health. Since cyclone, May 27, 1896, when her house was totally destroyed, and she narrowly escaped death, she developed nervous headaches; later on she manifested a listless and apathetic condition. Sleeps excellently, but does not feel refreshed upon awakening. Complains of drowsiness. Marked irritability of temper. Appetite fair, but nervous dyspepsia. Boards with sister as she cannot muster courage to manage a household of her own. After taking "Pepto-Mangan" for twenty-five days she began to feel much brighter and better, but still occasionally lapses into her former indsfferent mood. Color better, and nervous dyspepsia greatly relieved. Microscopic report showed a relative gain: red blood corpuscles 12 per cent.; hæmoglobin 12 per cent.

Case 11.—Mr. M., aged 29 years. Family history tuberculous. His avocation was that of a "book-maker" during the past few years. The

strain of gambling and the consequent excitement and worry have made him a nervous wreck. Jerky and fidgety at all times. Inability to concentrate his mind any time. Suffers from nightmares and phantasmagoria during sleep, which is consequently much disturbed. Is troubled with constipation and greatly impaired digestion. Anorexia marked. Much reduced in weight. Although always fatigued and depressed, he constantly walks to relieve his pent-up nervous irritability. Dreads to be alone for fear something may happen to him. After the administration of "Pepto-Mangan" for twenty-four days, patient reports a general improvement, especially as to his appetite and the relief of his digestion. Microscopic report showed a relative gain: red blood corpuscles 11 per cent.; hæmoglobin 12 per cent.

CASE 12.—A. McG., aged 20 years, servant, unmarried. History showed the ordinary "symptom-group" of neurasthenia. After the short period of seven days, having taken but one bottle of "Pepto-Mangan," her condition was greatly alleviated. Microscopic report showed a relative gain: red blood corpuscles 5 per cent.; hæmoglobin 8 per cent.

—*Medical Review.*

Separation of Urine in the Bladder.

An ingenius and simple device for separately catching the urine from the female ureters is one described by A. Neumann (*Deutsche medicinische Wochenschrift*). It consists of a tube containing within it a distensible screen; after introduction of the tube into the bladder, this screen is pushed forward in such a manner as to divide the bladder sagittally into two parts, this artificial wall being held in place by its pressure on the anterior and posterior bladder walls. The finger in the vagina guides the screen so that it is central and between the openings of the two ureters. The author has diagnosed with this instrument a one-sided pyelo-nephritis. The method is simple, safe, and easy of execution.—*Medical Record.*

The Vermont Medical Monthly.

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THE VT. MED. PUB. CO., Burlington, Vt.

EDITORIAL.

Unjust Criticism of the Army Medical Corps.

We have observed with much regret that many of our contemporaries have been filling their columns with fearful tirades against the army medical corps. In these ill-timed editorials and articles, all manner of criticism has been made concerning the methods of conducting the medical affairs of our armies, and no member of the corps from the Surgeon-General down has escaped the vindictive onslaught of an enraged press.

It is our opinion, however, (and though not that of the majority, we intend to express it), that most of the criticism directed

against the army medical corps is unjust and uncalled for. Those who have been the loudest and most vindictive in their accusations are really the ones who are in a position to know practically nothing of what they have assayed to criticise. The foundation of their attack is largely based on hearsay, and they have not been honest or American enough to carefully consider all phases of the question before starting the uproar. That such precipitate conclusions are narrow and unjust is doubly evident when we stop to consider that our own fellow-workers and countrymen are being held up to the ridicule and censure of the whole world before they have been proven guilty of a *single* charge laid at their door. It is a damnable injustice to accuse and convict a man while he is powerless to defend himself, but the medical and lay press of the country have done this very thing by placing a stigma on the whole medical corps while they were in the field. And many a medical man who entered the service with the most patriotic motives will return to his home and find that he has not only lost caste with his friends, but that he is under a cloud of supposed inefficiency and negligence which he can not dispel, try as he may. We can only repeat that it is a crime against honor and reason to condemn a man before he has told his own side of the story, and we feel confident when the real facts are obtained from all parties concerned, that the army medical corps, with a few isolated exceptions, will prove their right to the gratitude and admiration of their country and humanity.

In due time we shall learn of the immense amount of work required to manufacture and equip armies at a few days notice. We had the men but we had to make them soldiers and the process was by no means as easy as the people at large thought. Men with courage and strong bodies were plentiful but they had to be taught obedience and the rigor of discipline. This was the greatest problem and the total lack of personal discipline next to red tape was probably the most potent cause of the suffering experienced by our troops.

The orders and suggestions of the medical department concerning food, drink and hygene were observed by neither officers nor men. They were not only immoderately careless in regard to what they ate and drank—many a volunteer officer and soldier spending his entire pay in buying fruit and pastry, but in many other details they acted exactly contrary to the oft repeated advice of their medical officers. The onus for such wilful disregard of personal health can only fall on the individual.

In regard to the suffering caused by red tape, we can say nothing. We know that the medical corps were hampered and their efficiency impaired in many instances by the great amount of red tape which has accumulated around the army and navy since the Civil War. The object of the countless rules and regulations governing military affairs was unquestionably to raise the discipline and system of our army, but the vicissitudes and exigencies of actual war have proven them too cumbersome. No one can be blamed, for it is only just to believe that their promulgators were honest in their endeavors to raise the army standard. The errors and misfortunes directly traceable to red tape can only therefore be credited to the account of experience.

But when the history of the War with Spain is written, the retrospect will be glorious to contemplate. The magnificent achievement of American pluck and patriotism will make the blunders of a campaign which from first to last was surrounded by the most unfavorable circumstances, appear in a far more insignificant light. All the world will wonder at the spirit which made the victories in Cuba possible, won as they were in the face of countless difficulties.

No army, no navy, no nation under like difficulties and like conditions could achieve more than has been done, and while our hearts beat faster and our eyes grow moist with love and admiration for our country's heroes, let us thank God that we are Americans—and stop there. Put petty complaints and animosities aside forever, and give our noble country, the larger and more firmly cemented United States of America, a chance to enjoy the fruits of well earned victories.

MEDICAL ABSTRACTS.

Examination for Gonococci.—To prepare a specimen of urethral discharge for microscopic examination, Valentine, in the April *Clinical Record*, repeats directions for a common and reliable method.

1. Spread the discharge, filament or sediment as thinly as possible over the cover glass.

2. Let it dry under a bell-glass, to protect it from dust or air-microbes. This usually requires about three minutes.

3. Pass it three times through the opened Bunsen flame, with an even motion, to "fix" it.

4. Drop eosin (saturated solution in alcohol) upon the cover-glass and hold it over the closed Bunsen jet until a slight, visible evaporation results.

5. Hold it under a stream of water until all the eosin that can be washed away is carried off. If the cover-glass stood on edge over filter paper gives it ever so slight a tinge, the washing has been insufficient and must be repeated until nothing but clear water comes from the glass.

6. Drop 2 per cent methylene blue upon the glass, and let it rest so covered for five minutes.

7. Wash as described under No. 5, and mount for examination.—*Denver Med. Times.*

Corneal Ulcers.—Dr. Hansell has repeatedly called attention, in the treatment of corneal ulcers, to the great benefit promptly obtained after the administration of the following prescription:

R Santonin, gr. j.
Calomel, gr. iv.
Sugar of milk, q. s.

M. Sig. Make into four powders and give one every hour, following the last powder with a dose of castor oil.

After a full operation of this remedy and restriction of the diet to nourishing food, the disease rapidly disappears.—*The Philadelphia Polyclinic.*

The Removal of Wax from the Ear.—The *Indian Lancet* for June 16th, quoting the *Union médicale du Canada* for January, states that Alberto Ricci, of Turin, has ascertained that the solution of hydrogen dioxide possesses the peculiar quality of rapidly disintegrating the obstructive masses of cerumen in the ear. It suffices to pour into the mea-

tus auditorius externus a small quantity of the solution, and leave it for a few minutes in contact with the ceruminous plug. The latter is then most easily and safely removed by syringing with water, even though it were a hard concretion.

The Treatment of Hoarseness in Singers and Public Speakers.—According to Dr. F. A. Bottome (*Laryngoscope*, June, 1898), public singers frequently become hoarse due to the fact that they are constantly exposed to sudden variations of temperature in going back and forth between the dressing-room and stage. In treating these cases it is not desirable to employ local treatment in the early stage. To relieve the congestion the patient should be given a hot mustard foot-bath and put to bed. After a dose of ten grains of calomel, aconite should be given up to the physiological effect, and a Leiter's cold coil should be applied externally. The throat may be sprayed with some soothing application, such as albolene. The patient must not utter a word, making his wants known by writing. After twenty-four hours or more of this treatment there should be decided improvement. It is then proper to resort to the use of tonics. This author's preference is the tincture of the chloride of iron, in doses of half a drachm in glycerine and water, administered after meals. It should be continued three times daily in increasing doses for a number of days. If the larynx is still generally congested, nitrate of silver (ten grains to the ounce) may be applied as a spray. There is frequently only a narrow line of congestion visible along the edges of the cord, and then a solution of menthol (one drachm to the ounce of albolene) should be applied to the cord with a probe. The patient is by this time usually so much better that he is anxious to try the voice. This should be done very gradually in the middle register only, going up and down the scale. The patient should be infused with a large degree of hope and given as much confidence as possible at the time regular singing is resumed. It is well to make a local application between the time of singing, or see to it that the body is well rubbed down with alcohol.

The sudden accumulation of mucus upon or between the vocal cords is a common cause of hoarseness or of a sudden "breaking" of the voice, even in singers apparently in excellent condition. The treatment consists of deep inhalation of menthol dissolved in albolene, using a globe inhaler, together with the use of the same solution in a hand-atomizer by the patient just before singing or speaking, so as to prevent the dislodgment of the mucus from other parts and its deposition on the vocal cords at this time.—*Am. Med. Surg. Bulletin.*

Coma, The Diagnosis of the Cause of—Dr. J. T. Eskridge (*New York Medical Journal*, abstract in *Philadelphia Medical Journal*).

Feigning may be best distinguished by administering an anesthetic, but the author believes the pupils will always respond to light, though somewhat slowly, if severe exertion preceded the coma. Shock and concussion are difficult to distinguish, and organic lesions of the brain are often excluded only with difficulty, though a tendency to improvement soon after injury points to a functional trouble. Meningitis, in the absence of a history, is most readily diagnosticated by attention to the optic discs, if changes be present there. More variable temperature and a lesser degree of swelling of the discs would speak for abscess of the brain, as against tumor, when these two affections come in question. Thrombosis and hemorrhage are separated from each other by the slower onset, and the existence of bodily depression and surrouuding depressing influences in thrombosis.

Publisher's Department.

The Prompt Solution of Tablets.—We are glad to know that the Antikamnia people take the precaution to state that when a prompt effect is desired the Antikamnia Tablets should be crushed. It so frequently happens that certain unfavorable influences in the stomach may prevent the prompt solution of tablets that this suggestion is well worth heeding. Antikamnia itself is tasteless, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. Proprietors of other tablets would have had better success if they had given more thought to this question of prompt solubility. Antikamnia and its combination in tablet form are great favorites of ours, not because of their convenience alone, but also because of their therapeutic effects.—*The Journal of Practical Medicine.*

The Hypnotic Effect of Bromidia does not by any means represent the sole benefit to be derived from this preparation, but it meets, in a very perfect manner, many other indications involving hyperaesthesia of nerve tips and over-excitability of spinal cord. In doses of one-half teaspoonful, given every four hours for two days, will so benumb the sensory nerve tips of the buccal cavity that dentists can take impressions of the mouth, fit in rubber dams, etc., that would otherwise be impossible on account of the gagging peculiar to some patients. In the hands of the medical practitioner, given in half-teaspoonful doses every four hours,

will make life endurable for hay-fever patients during the months of August and September. A teaspoonful will completely quiet the paroxysmal pain following childbirth or miscarriage without in any way interfering with uterine contractions.

Hints in the Treatment of Subinvolution.—Among the conditions concerned in the causation of uterine diseases subinvolution is one of the most frequent and important. The reason for this is obvious. If after childbirth or miscarriage the uterus does not undergo completely the normal retrograde process, if it remains enlarged engorged with a hypertrophied mucous membrane inflammatory changes are readily developed and endometritis displacements and serious pelvic disease may result. One of the chief obstacles to efficient local medication has been the lack of a topical remedy which could be safely entrusted to the patient. This want has now been fully supplied in Micajah's Medicated Uterine Wafers. These wafers are cleanly unirritating, easily applied and their ingredients exert a depleting effect upon the engorged membrane of the uterus establishing normal circulation and thereby causing the absorption of exudates into the tissues and aiding the natural process of involution.

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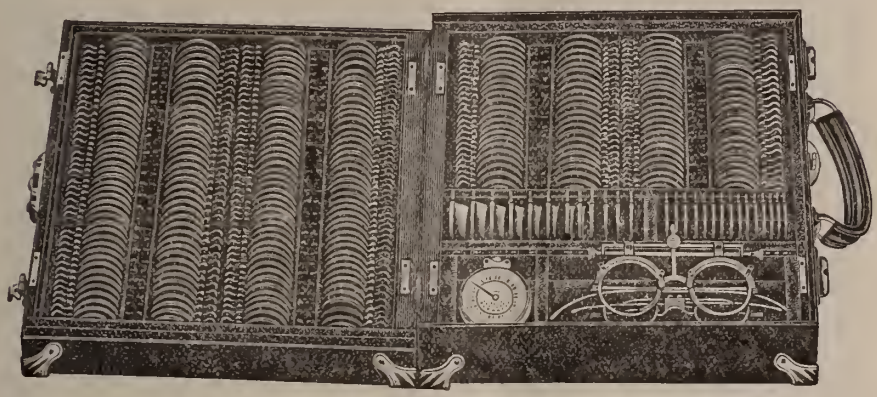
Viskolein in Typhoid Fever.—Dr. George H. Rice of Sandoval, Ill., in a paper read before the Illinois State Medical Society remarks:

The following case will give you practical information as to my *modus operandi:* Was called to a case of typhoid fever; Nellie H., aged six years, had been sick for several days before I was called. I found her at 2 p. m. with a temperature of 102 degrees F.; pulse 130; hot, dry skin; tongue dry, parched, fissured, and with a brownish fur. As she was restless I ordered a sponge bath, gave one teaspoonful of Phosoda every four hours, also Viskolein, 5 minims of the liquid added to 5 minims of boiled water, used hypodermically, and gave 5 grains of the powder every four hours. Next morning at nine o'clock I found that she had had a splendid night's rest; the temperature 99 degrees F.; pulse 100, with a feeling of great comfort and all symptoms decidedly better. I ordered the tongue to be painted with carbolized glycerine every hour or two, and had the 5-grain powders continued. I was called at 6 p. m. the same day and found her with pulse of 100, temperature of 100 degrees F., tongue looking moist, and a decided improvement; bowels moving nicely twice a day. I gave her another hypodermic injection of the liquid, 10 minims added to 10 minims of boiled water, and increased my powders to 10 grains every four hours. I saw the case no more after that. The next morning I was told Nellie had a good night's sleep and was all right. I had the powders continued for twenty-four hours longer, however, after which I prescribed a tonic of hypophosphites and strychnine.

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The Seventeenth Annual Announcement of the New York Post-Graduate Medical School and Hospital, University of the State of New York, for 1898-99 has just been issued. It shows that 523 practitioners of Medicine have attended its course during the past year. They came from the various States of the Union and the Dominion of Canada. There were ten physicians from foreign countries, two of these being from India and one from Japan. Only 96 were from the State of New York.

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The

Vermont Medical Monthly

Vol. IV. September, 1898. No. 9.

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Glyco-Thymoline (Kress) causes rapid exosmosis of serum from the engorged tissues; it is perfectly bland and devoid of irritating qualities and being antiseptic it is particularly advantageous in cases in which abrasion or erosion of mucosa exists, making the employment of an antiseptic desirable.

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Both of these quotations are from the writings of Prof. I. N. Danforth, of the Northwestern University Medical College of Chicago. They are found in the last edition of the American Text-book of Applied Therapeutics.

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THE GREAT FACT IN MODERN MEDICINE:

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And Where Nature fails to make Good Blood,
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BOVININE is Bovine Blood Unaltered from the Arteries of the Bullock;
The Universal Auxiliary of Modern Medicine and Surgery,
and the TRUE "ANTITOXIN" of Healthy Nature.

In the more enlightened progress of Modern Medicine, "Blood-letting" has given place to Blood-*getting*.

Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient's alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

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TRY it in ***Anæmia,*** measuring the increase of red cells and hæmaglobin in the blood as you proceed, together with the improving strength and functions of your patient.

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Try it in ***Dyspepsia*** or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

Try it in ***Intestinal*** or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

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Try it by ***subcutaneous*** injection, when collapse calls for instantaneous blood supply—so much better than blood-*dilution!*

Try it on ***Chronic Ulceration,*** in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality.*

Try it in ***Chronic Catarrhal*** Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch's); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovinine.

Try it on the ***Diphtheritic Membrane*** itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

Try it on ***anything,*** except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

Try it on the ***patient*** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

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The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society.

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SOME LEADING EUROPEAN GYNECOLOGISTS.

By A. Lapthorn Smith, B. A., M. D., M. R. C. S., England, Montreal, Canada.

This letter will give a short description of what I saw at Leipsic and Brussels, and will conclude my series of three articles on the above topic:

Sanger, of Leipsic, is a man of about forty-five years of age and like all the great men I have seen over here is a tremendous worker. Although he is a titular professor of the University he has no beds at the public hospital; but he invited me to his private hospital, No. 24 Koenig Strasse, where he has twenty-five beds and attends rich and poor alike. He told me that he had had no death there since seven months, during which time he had performed two hundred and twenty operations, seventy of them being laparotomies, either vaginal or abdominal. He attributes his success to his very rigorous asepsis, he and all his nurses and assistants preparing their hands for twenty minutes before the operation. Since ten years he has been using coarse sand and soap for his hands, followed by alcohol and then sublimate water. He uses nothing but silk, which is prepared as fol-

lows: 1st, it is boiled in 1–100 of washing soda to remove the dirt, and then in Bergman's solution, namely, 10 of sublimate, 200 of alcohol and 800 of water. It is then wound on little pieces of wood on which the size is marked and kept in sublimate alcohol. The patient is always shaved the day before and his skin is prepared with soap and water, ether and alcohol and sublimate. The preparation of the patient occupied three-quarters of an hour. The assistant in charge of ligatures burned them instead of cutting them. The first operation was for the removal of a four pound fibroid by abdominal hysterectomy. He removed it with clamps very quickly and then tied each artery separately with No. 6 silk. He only crosses his first knot once. His hemostasis is very perfect and he keeps on tying until the wound is absolutely dry. His method of sewing up the abdominal wound is peculiar; he passes silk sutures on two needles from within every centimetre apart, including the whole abdominal wall but only the very edge of the skin. Before tieing them he put in another row of interrupted No. 3 silk sutures so as to bring the fascia and muscles together exactly, and these remain permanently. Between the through and through stitches he placed superficial silk once every half centimetre so that they were very close together. The wound was then covered with a light strip of iodoform gauze and covered with a large strip of plaster very carefully sealed.

Next day he did a precisely similar operation. He takes about 100 minutes to do the operation, being the most careful man I have yet seen. Ether was the anæsthetic used and the inhaler was a large wire mask covered with rubber, completely covering the face so that a comparatively small quantity was employed. As the patient was only 26 years of age he left an ovary and tube in the peritoneal cavity so as to prevent her from having the nerve storms of the artificial mercopause. The third morning he removed a hernial sac from the left vaginial canal, which contained a rudimentary uterus, a tumor of the right tube and ovary and a rudimentary left tube. This was a very rare case, there

being only a few on record. The fourth morning he performed implantation of the ureter with the bladder. I was fortunate in seeing this operation, as this was only the third time that it has been done in Germany, once by Wurtzel and once by another operator whose name I forget, although it has been done in America several times, I think by Boldt of New York. On opening the abdomen he found that she had closed tubes and that one ovary contained a large cyst. He cut out the cyst and left the rest of the ovary after carefully sewing up the flaps with fine interrupted silk ligatures. He opened up the closed tubes by cutting off the finbriæ and sewing the mucous to the peritonial edge, so as to make a new pavilion. The patient, who was a young woman, had a very severe first confinement, during which the uterus and ureter were torn across and when they healed there was a ntero-ureteral fistula, and her urine poured constantly from the utero-cervical canal. Sanger began by cutting the ureter off level with the uterus, after putting a temporary ligature on it. He then sewed up the hole in the uterus, after which he dissected out the ureter from its original home beside the ilior artery until he had it free to a distance of six inches. He then closed the long opening in the peritoneum, after which he threaded the ureter attached to a bodkin, so to speak, between the peritoneum and the abdominal wall, into the top of the bladder where he carefully stitched it. I have since heard that the operation was a perfect success. I was perfectly delighted with the four mornings I spent with Sanger, and I have no hesitation in classing him among the world's gynecologists of the first rank.

Zweifel, of Leipsic, is the *gehernirath* or chief professor of gynecology and has a large number of beds in the public hospital for women, which is a large and beautiful building. He is about sixty-five years of age. I saw him perform a very difficult operation for vesico-vaginal fistula in a woman who had had hysterectomy several years before in another city. As the day was dark he used a very nice electric head light supplied from

the street current. The nurses did all the shaving and scrubbing in the operating room while the assistants were getting ready. As it was high up he had the greatest difficulty in paring the edges and in passing the ligatures, and then he found that in paring the fistula he had openedinto the peritoneal cavity. He at once, without rising from his seat, made a nine inch incision in the abdomen, and instead of using Treudelenburg's posture to get the intestines out of the way, an assistant took the bowels out of the abdomen and held them back so as to give him room, and in this he had great difficulty. As Leipsic is Treudelenburg's town I was surprised to see any one in Leipsic open the abdomen with the patient horizontal. He finally succeeded in closing the fistula so that it stood the test that the bladder being distended with water none escaped either with the peritoneum or into the vagina. He closed the abdominal incision with one layer of catgut for the peritoneum ; a second for the fascia, and a third for the skin, with a sort of sewing machine lock stitch, with two needles, which I had never seen elsewhere, and which made a very fine union of the skin. His assistant then operated on a ventral hernia which had followed laparotomy. As he did not employ Trendelenburg's position, he had a good deal of difficulty in keeping the bowels in. I saw a very interesting operation performed by Dr. George Trendelenburg's assistant. It was a colotomy for cancer of the rectum and uterus, and instead of opening the colon in the inguinal region, he made a median incision near the epigastrium and drew the tranverse colon out two or three inches and sewed it there. Then he made another incision two or three inches to the left of the first, but only through the skin. The loop of intestines was passed under the skin and brought out of the second incision and carefully stitched there. The first incision was carefully closed and sealed with collodion, after which the bowel was opened at the second incision and the mucus membrane sewed to the skin ; when the pent up feces poured out. By this ingenious operation, invented by Wurzel and Van Hackar of Turusbruck, perfect control of the artificial anus

is obtained, simply by pressing a pad over the colon as it passes under the skin, and the patient can have one or two evacuations a day.

Trendelenburg, of Leipsic. Although not a gynecologist, yet he has next to Lister done more for gynecological surgery than any other man living, and I made him a visit especially to tell him that we thought of him and thanked him every time we did an abdominal hysterectomy or other piece of difficult pelvic surgery. Those of my readers who have never seen a bad pair of pus tubes removed in the pre-Trendelenburg days can have no idea of the misery which this operator endured nor of the danger to which the patient was exposed. As the work was all done in the dark the intestines were often torn or infected without our knowing it, or some little artery would be steadily pumping into the peritoneum without being seen. Now all that is changed; the intestines are out of the way and we cover them with sterilized towels and we have a large well-lighted space to work in so that we tie every oozing point until the peritoneum is perfectly dry and clean. As I did not see any nice table there it would be quite appropriate if the abdominal surgeons of America were to present him with a solid silver Trendelenburg table. I attended one of his clinics, at which there were over one hundred students present, and it was easy to see how much he was beloved by them. He is a man of over fifty, but of exceeding modest appearance, and as he called batches of students down to the arena to examine the patients who were wheeled in, he gave each one the marks he had earned.

Jacobs, of Brussels, although only thirty-five years of age, has by his enormous industry reached one of the highest positions in Europe. I am told that he is not connected with the University, the position of professor of gynecology there being held by a military surgeon; nor has he any beds at any of the public hospitals of Brussels; but he has forty-five beds at his own private hospital, which is the most beautiful I have yet seen either in Europe or America, and the cost being over a hundred

thousand dollars. The nurses are Catholic sisters. He has opened the abdomen by the vagina, mostly for hysterectomy, seven hundred times, with a death rate of less than two per cent. and he has performed over one hundred abdominal laparotomies for removal of the uterus and appendage, with less than two per cent. of deaths. His method of disinfection is peculiarly his own, so I will describe it: 1st. He scrubs the patient with green soap dissolved in alcohol and shaves her himself. If the operation is a vaginal one, then he uses a sponge on a holder to scrub the vagina. The field of operation is then scrubbed with equal parts of saturated solution of carbonate of ammonia and biborate of soda. He then scrubs with alcohol, then with two per cent. of formaline. The first morning he did a perineorhaphy, taking a great deal of time to it, but doing it beautifully, using black silk for most of the stitches, only three of them being of silk-worm gut. The stitches were only one-eight of an inch apart. He then sealed the wound with alternate layers of iodoform and collodion, so that it was quite air and water proof. He obtains his silk from a Bordeaux chemist, already sterilized; wound on glass tubes, and enclosed in other tubes sealed with a rubber band. The Bordeaux firm buys it from a Philadelphia firm, which in turn buys it from an English firm, which in turn obtains it from China. He has also the daintiest operating room I have ever seen, all the tables being of polished brass and plate glass. Next day he removed the uterus tube and ovaries by the abdomen for double pyosalpinx, an ovarian cyst and a fibroid tumor. One peculiarity about his method is that he cuts first and ties only the vessels which spurt as he goes along, his object being to put four or six ligatures at the most on the isolated arteries and not on the nerves. And this reminds me of his answer to the important question which was the main object of my visit to Brussels. Why, I asked, did he abandon vaginal hysterectomy with clamps in which he had become so wonderfully successful? Because, he said, with the clamps you compress the nerves and cause the woman so much suffering for two

days that it takes her two weeks to get over it, while if you tie only the arteries and close up the peritoneum she will be practically well the next day. In this case, as the tubes were adherent to the whole anterior surface of the rectum, he carefully detached them with scissors, until he had entirely freed the two large tubes as thick as sausages; he then removed them in one piece with the uterus at the head of the external os, and cauterized the cervical canal, and sewed the two flaps and the cervix together. The denuded rectum was cleverly covered by securing the anterior flap to it. He had the fewest assistants I have yet seen, one of them being dispensed with by using an abdominal speculum or retractor at the lower end of the incision, and this was held tightly drawn down by having a chain and a weight attached to it, and he did not have any side holders. In closing the abdomen he used thin buried silk-worm gut for the peritonium and fascia, and larger ones for the fat and skin, and he dressed it with plain dry sterilized gauze; but this was covered most thoroughly with diachylon plaster, several layers, each piece over-lapping the other. He was very careful and took nearly two hours to the operation, chloroform being used; he tells me that he considers half an hour more of no consequence compared with the importance of thorough hemostasis. Like Sauger, he brings the skin sutures very near the edge of the wound.

Next day he removed an ovary and tube from a young woman, although he told me that his experience with conservative surgery was far from satisfactory. In cases in which he had cut out the half of one ovary they had suffered for many years afterwards from cicatricial contraction in the portion that was left; while in cases in which he had removed the uterus for fibroid, leaving the ovaries, the latter had within two years completely atrophied. Moreover, he said, that since we had ovarian extract at our command, we no longer have anything to fear from the artificial menopause. To every woman in whom this occurs, he gives extract of cows ovaries every morning in a glass of port wine

which makes it so palatable that they do not know they are taking it. He says he has even cured insanity with it. The next day he removed tubes and ovaries from a woman whose peritoneum was covered with miliary tubercle which, he said, he had several times seen cured by laparotomy. He allows his patients to eat heartily the day before the operation, but not for several days after; he does not fear distension of the bowels which he says always means sepsis. He never gives strychnine, but gives them plenty of morphine if they are in pain. He thinks that the high death rate of certain celebrated operators is due to their working at such great speed that rigorous asepsis is impossible, Next day he removed a cancerous uterus by the abdomen, first getting rid of the appendages and fundus down to internal os. He then split the cervix down the middle so as to get his left fore-finger into the vagina, previously stuffed with sublimate gauze, rendering the removal of the cervix very easy, as he had only to cut it all around as it lay on his finger, at the same time feeling if the vagina was infiltrated. He also feels if there are infected glands in the broad ligaments and removes them. In all his work, Jacobs is an artist, using his knife like a paint brush, while in his plastic work one would think he was sketching with a pencil. I had the pleasure of spending an evening with him at his palatial residence, 53 Boulevard Waterloo, full of rare works of art, and was astonished to see him and one of his assistants sit down at two pianos and play Wagner's most difficult pieces at sight, while another sang. This concludes my series of three letters, and I trust that my effort to share the priceless privilege I have enjoyed of seeing these great men at work will be appreciated by those who cannot get away, and who must see these things through the eyes of others.

Rhinolith or Nasal Calculus.

Report of a Case and Exhibition of Pathological Specimen By William H. Pool, M. D., Detroit, Member of the American Medical Association, Wayne County Medical Society, Etc.*

Mr. President and Members of the Wayne County Medical Society:

The pathological specimen I have the pleasure of exhibiting to you this evening is one of unusual interest, even to those of us who limit our practice to diseases of the eye, ear, nose and throat, from the infrequency with which we meet these cases, and also from the circumstances which led up to its discovery, owing to the fact that it was situated somewhat differently from most cases of this kind.

Miss L. K., aged twenty-four years, from whose nose this was taken, consulted me January 1, 1898, regarding her nasal catarrh, with which she stated she had been afflicted ever since her childhood. Ten years ago she had been treated for about a year by one of the leading rhinologists of this city, receiving considerable benefit, but for the last two or three years she has had a rather profuse nasal discharge, thickened, and increasingly offensive in character, with obstruction to nasal respiration, loss of smell, nasal voice, and the other usual symptoms which we find in an aggravated case of chronic rhinitis. Lately she suffered from headache, which was increasing in severity, and was also troubled with weeping of the left eye. She had been using an atomizer for some years without getting any other relief than the keeping of the nose approximately clean.

On making anterior and posterior rhinoscopic examination I found considerable hypertrophy of the turbinates of the left side,

*Read before the Wayne County Medical Society, February 17, 1898.

especially of an inferior turbinal. I suggested an operation for the removal of the hypertrophied tissue of the lower turbinal, which was impinging on the floor of the nose. This was agreed upon, and on Saturday, January 15th, I operated at 3 p. m. in the usual way, cocainizing the parts thoroughly and making a practically painless operation.

Hæmorhage was not very profuse and was readily controlled at this time. The patient returned home, and soon after suffered from an attack of nervous sick headache, to which she was subject upon occasions of nervous strain.

As usual, the headache ended with an attack of retching, after which straining the hæmorrhage started in afresh and rather profusely. I tried again to control it with styptics and plugging the naris with absorbent cotton, but did not succeed in thoroughly arresting the flow of blood, and, as the patient was getting very weak, with the kind assistance of Dr. Suttie, I tamponed through the posterior naris with a sponge tent, which instantly stopped the hæmorrhage. I then ordered her to be liberally supplied with beef extract, for the double purpose of nourishment and to increase the arterial tension.

Sunday, the next day, she was doing nicely, but was very weak ; there was no recurrence of the hæmorrhage, but I did not think it advisable to remove the tampon as she was too weak to bear it.

Monday, January 17th, the patient was a little stronger, but owing to debility I could only remove a part of the tampon from the anterior naris.

The next two days I removed still more of the sponge anteriorly, in all about two-thirds of it being removed up to this time, the patient still being too weak to bear much manipulation.

On Thursday morning, January 20th, I attempted to remove the remainder posteriorly, but found it so firmly fixed that it could not be dislodged except with extreme force under anæsthesia. I called in Dr. Chittick and anæsthetized the patient, when, with considerable difficulty, we removed the remainder of the sponge.

After the patient recovered from the anæsthetic I cleansed the nasal cavity thoroughly with hydrozone, one part to twelve parts of lukewarm water, and she returned home rejoicing, the turbinal wound being in good condition, healing nicely.

Next moring she came to my office for treatment and stated she had enjoyed perfect freedom in breathing through that nostril until about 4 o'clock in the morning, when, changing her position in bed, that side became suddenly obstructed. After cleansing the nostril, which was seemingly full of an offensive discharge, I discovered this body, which was attached at the posterior end on the outer side of the inferior meatus, lying, as it were, in a groove or pocket.

The anterior or loose end of it was sharp like a spiculum of bone, and black in color; it was freely movable about its long axis, so that you could pass a cotton holder around it and lift it from its bed. After cocainizing, I grasped it with a dressing forceps and, giving it a twist removed it. I then thoroughly cleansed and disinfected the cavity with the hydrozone solution, which removed the odor and rendered the cavity wholsome.

The next day the two smaller pieces were removed while cleansing and treating the nose. They were loose and seemed as though they had just scaled off from the bed where the larger piece had lain.

The spraying of the nasal cavity with hydrozone, followed by the use of glycozone, constituted the treatment for the next four days, by which time the offensive odor had entirely disappeared, and the parts had assumed a healthy condition.

This concretion formed on the outer side of the inferior meatus, and as it grew larger it obstructed the flow of tears through the nasolacrymal canal, as evidenced by the overflow of tears from the left eye, which condition ceased immediately after removal of the rhinolith.

The secondary hæmorrhage was evidently due to a relaxation of the pressure on the vessels of the turbinate, owing to the

calculus being disturbed in its position when the patient was retching.

As to the exciting cause of the formation in the case of this young lady, I could get only a negative history, there being no recollection of any foreign object having been put up the nose in her childhood. Being desirous of ascertaining, if possible, what served as a nucleus, and at the same time of finding out the composition of the formation, I cut it in two.

Microscopical examination reveals that it is composed of amorphous phosphates, undoubtedly the phosphates of calcium and sodium, which came from the tears.

There has been a marked improvement in the young lady's condition since the removal of the rhinolith; overflowing of the tears in the left eye has ceased, nasal respiration has become perfect, her voice has lost the nasal twang, and her general health has improved rapidly, as indicated by the fact that she has gained four pounds in weight since the operation (four weeks ago), and is still improving.

270 Woodward Avenue.

The 85th Annual Meeting of the Vermont State Medical Society.

The 85th annual meeting of the Vermont State Medical society will be held in Grange Hall, Brattleboro, Vt., Oct 13 and 14.

The programme which follows bids fair to be a very interesting one and a large attendance is expected.

PROGRAMME.

Thursday, October 13th.

Morning Session, 10 o'clock.

1. Call to order by Presdent Lyman Rogers, Bennington.
2. Prayer, by Rev. J. D. Beeman, Brattleboro.
3. Reading of records by Secretary.
4. Election of Committees.
5. Reports of Officers and Delegates.
6. Miscellaneous Business.
7. Obituary of D. G. Kemp of Montpelier, by J. H. Jackson, Barre.
8. Sodium, A. I. Miller, Brattleboro.
   Discussion, T. F. Gartland, White River Junction.
9. Erysipelas, F. C. Liddle, Dorset.
   Discussion, L. W. Hubbard, Lyndon.
10. Voluntary Papers, or Reports of Cases.

Afternoon Session, 2 o'clock.

1. Report of Committee on Membership and election of new members.
2. Introduction and Reception of Delegates from other Medical Societies.
3. Address in Surgery, being the Vice-President's Address, W. D. Huntington, Rochester.
   Discussion, J. Sudcliffe Hill, Bellows Falls.
4. The uncontrollable vomiting of pregnancy, George Davenport, East Randolph.
   Discussion, J. Henry Jackson, Barre.
5. Catarrhal Pneumonia, W. N. Bryant, Ludlow.
   Discussion, P. P. White, Williamsville.

6. Pneumonia which only threatens, George Dunsmore, St. Albans.
   Discussion, L. H. Hemenway, Manchester.
7. The Gold Treatment of Inebriety, T. D. Crothers, Hartford, Conn.
   Discussion, W. S. Nay, Underhill.
8. The Artificial Feeding of Infants, L. C. Holcombe, Milton.
   Discussion, Deane Richmond, Windsor.
9. The Causes and Treatment of Abortion, W. J. Aldrich, St. Johnbury.
   Discussion, Edward R. Campbell, Bellows Falls.

Evening Session, 8 o'clock.

1. President's Annual Address, Lyman Rogers. Bennington.
   Discussion, C. S. Pratt, Brattleboro.
2. General Discussion of the Antitoxin Treatment of Diphtheria. Discussion opened by O. W. Sherwin, Woodstock.

At the close of this session the Annual Banquet will be held at the Brooks House, C. F. Camp, Barre, Anniversary Chairman.

SECOND DAY, FRIDAY, OCTOBER 14TH.

Morning Session, 8 o'clock.

1. Election of Officers.
2. Miscellaneous Business.
3. Intra Venous Injection of Saline Solution following major operations, H. C. Tinkham, Burlington.
   Discussion, E. H. Ross, St. Johnsbury.
4. Flat Foot and Hallux Valgus, F. A. Goodwin, New York City.
   Discussion, L. M. Greene, Bethel.
5. Two Cases of Plstol Shot Wounds, C. E. Chandler, Montpelier.
   Discussion, M. F. McGuire, Montpelier.
6. Varicocelle, W. W. Townsend, Rutland.
   Discussion, D. L. Burnette, South Royalton.
7. The Surgical Cure of Hydrocele, D. C. Hawley, Burlington.
   Discussion, F. C. Morgan, Felchville.

Voluntary Papers and Reports of Cases.

Afternoon Session, 2 o'clock.

1. Early Symptoms of Insanity, W. N. Platt, Shoreham.
   Discussion, S. E. Lawton, Brattleboro.
2. The Curability and Treatment of Early Phthisis, W. F. Hazelton, Springfield. Discussion, George S. Putney.
4. Electricity in Gynecology, L. H. Gillette, Wilmington.
   Discussion, J. A. Howard, Swanton.

5. Report of a Case of Poisoning from the Ingestion of Snuff, H. Edwin Lewis, Burlington.

Discussion, J. P. Newton, Benson.

ANNOUNCEMENTS.

1. The following proposed amendment to the Constitution and By-Laws, offered one year ago, by Dr. C. F. Camp of Barre, will come up for action :

Resolved, "That Article II of the Constitution be amended by adding after the words, 'a committee on membership of three members,' the words, 'a committee on legislation of three members.'"

Resolved, That "Article I of the By-Laws be amended by the addition of Section 12, which shall read as follows : Section 12. It shall be the duty of the committee on legislation to receive and examine all resolutions or proposed laws or acts pertaining to medical legislation, which may come up at any meeting, and to report on the same at the meeting then in session ; also to have charge of all legislative business of the Society which may properly come before the Legislature for enactment, as the Society may direct."

2. *Railroads.* Round Trip Tickets at convention rates will be on sale at all stations on the Central Vermont, Rutland, Bennington & Rutland and the Passumpsic, Connecticut River and Vermont Valley divisions of the Boston & Maine railroad.

Tickets good going October 12, 13 and 14, and returning not later than October 15.

3. This progrrmme will be crrried out in regular order. Papers crowded out at any session for want of time will be read at the opening of the next session.

4. All papers read before the Society are its property and should be left with the Secretary at the time of the meeting.

5. *Exhibtts.* There will be an unusually large and interesting display of pharmaceutical preparations, surgical instruments, medical books, etc., on the floor below the hall where sessions are held.

6. The Headquarters of the Society will be at the Brooks House.

7. All members of the Society who have changed their residence or post office address are requested to notify the Secretary of the fact at an early date.

D. C. HAWLEY, M. D., Secretary.

Burlington, Vt., Sept. 29, 1898.

Chronic Interstitial Nephritis Accompanied with Melancholia.

By William B. Mann, M. D., Evanston, Ill.

The treatment of the following case, while decided in results, sufficient time has not elasped to indicate an absolute cure, but the rapid change in this man's condition is so marked, improvement so rapid and the outcome so unprecedented that I felt it a duty to lay it before the profession.

Mr. J., aged 49, consulted me with the following history on the third of March, 1898. He had for several years been a sufferer from asthma, headache, loss of appetite, constipation, fœted breath, copious discharges of offensive mucus from both nose and mouth, heavy dragging pains over the kidneys, puffiness of feet and face, especially under the eyes, with insomnia.

He had frequent attacks of extreme melancholia. This would be so depressing that he would have weeping spells, followed in a day or two after by delusions of persecutions from an imaginary foe. He was so bad that he seemed on the verge of insanity.

His temperature, as a rule, was below the normal a fraction, but at these melancholic times it would go slightly above.

The pain in the region of the kidneys, he described as constant and severe. He also had pain over the spleen, which was considerably enlarged, he having a malarial history. An examination of the urine revealed the fact that the quantity voided was below normal, small quantity of albumen, hyaline casts, an excess of uric acid and the urates. He was badly emaciated and had a history of three years' illness.

Quantity of urine voided diminished to 20 ounces or a little over one-third of normal amount.

Specific gravity diminished.

Solid diminished.

Albumen present in considerable amount.

Urea diminished 50 per cent.

Microscpically—Pus corpuscles, Epithellium } in considerable amount.

Tube casts in small amount.

After ten days treatment with thialion—Urine almost normal both in quantity (in about 3¼ pints) and also chemically.

Taking the case alltogether it was one of the worst I was ever called on to attend.

I commenced a systematic course of diet, carefully avoiding those things which would increase the irritability of the kidneys. At the same time building him up to the fullest extent.

I gave him a teaspoonful of thialion three times daily, dissolved in a glass of hot water and the result was immediate and clearly apparent to physician and friends three days after its commencement. Of course it is unnecessary for me to state that his bowels, liver and stomach were thoroughly cleared out by this medicine.

The acid eructation which had been such a persistent symptom rapidly passed away. In ten days' time, according to the patient's own words, "You have done me more good in this short time than I have received heretofore in all my treatment by a number of physicians, some of whom stand very high in the profession."

One of the remarkable features of this case was the fact that nothing else was used but thialion, that all the depressing symptoms passed away and of course the crying spells with them.

Since this time the improvement has been steady and though the case from start to finish has been an unpromising one, still I am satisfied a cure is certain.

The Vermont Medical Monthly.

A Journal of Review, Reform and Progress in the Medical Sciences.

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THE VT. MED. PUB. CO., Burlington, Vt.

EDITORIAL.

A Patent on Antitoxin.

Probably nothing has wrought up the medical profession during recent years like the announcement that a German physician had obtained a patent in the United States based on the assumed invention of diphtheretic antitoxin. He has brought dishonor to himself, disgraced his profession, and shown a spirit of personal desire which cannot fail to bring a blush of shame to the cheeks of every successful worker.

We are certain that a patent on antitoxin wil never be sustained by the courts, but while the matter is pending we are informed by Parke, Davis & Co., so well and favorably known to the medical profession, that they will fight the patent "to the last breath" and assume all costs of trials resulting from the continued use of their antitoxin. Parke, Davis & Co., deserve the support and gratitude of the profession for their stand in behalf of American interests.

MEDICAL ABSTRACTS.

Iodoform Gauze in Supperative Otitis—Dr. Alice Ewing (*Laryngoscope*) recommends iodoform gauze as a packing in suppurating ears to afford drainage in place of the douche. She says that one of her instructors in Vienna told her: "If you forget anything else you have heard from me, remember never to douche the tranmatic-ruptured drum membrane; if you do, it is sure to suppurate; if you let it alone it is sure to heal. The infection is in the external auditory canal, and blood serum is in abundance from the contused tissue, but if left dry it soon dessicates."

Bichloride or borated gauze answers better in some cases. Dr. Ewing records two cases and in recapitulation says: (1) The gauze packing is more correct in principle and more satisfactory in practice than anything in use in the treatment of chronic suppurating otitis media. (2) Incurable cases can be kept more comfortable with this than anything else. It saves the time of the specialist. (3) It is suitable and safe for home treatment. It has no contraindications.—*N. Y. Med. Jour.*

Warm Solutions of Cocaine—The local anesthetic effect obtained with cocaine is more rapid, more intense, and more lasting if the solution is warm. The dangers of intoxication are thus much diminished, as the quantity of cocaine can be very much reduced if it is warmed. A solution of 0.5 or 0.4 per cent heated will produce a powerful effect.—*Da Costa.*

Brandt's Method in Typhoid—Wilson bathes the patient every third hour when the temperature 101-5 in water at the temperature of the room, which should be sixty-eight or seventy. He begins bathing as soon as the diagnosis is made, or in uncertain cases before it is definitely made; keep the patient in the bath about fifteen minutes, give alcohol while in the water, and encourage the patient to rub himself, to bring a change of water in contact with the skin, to stimulate the circulation, and to help pass the time. *Col. and Clin. Record.*

Formalin in Blepharitis.—Dr. H. Moulton (*Journal of the American Medical Association*, September 17th), in a paper presented to the Section of Ophthalmology of the American Medical Association at Denver, says that during the past year he has employed formalin in all cases of blepharitis. To apply it he uses a toothpick with a small cotton mop wrapped on the tip so that it does not take up enough solution to run into the conjunctiva. The solution is made of the strength of two-tenths per cent. to one per cent., beginning with the weaker. It must be frequently renewed or prepared at the time of using, in order to insure uniformity of strength.

The lid is drawn away from the eyeball. The mop dipped in the solution is rubbed gently along the margin among the lashes until all the scales and crusts are removed and until the surface of any little pustule is rubbed off. The site of disease is thus left clean and smooth. The mop is renewed a time or two during each operation. A little bland oil may be applied afterward, or the formalin may be used in the oil. The applications are made daily if possible by the physician's hands. Otherwise they may be made by the patient at his home.

The correction of all refractive errors he holds to be of prime importance ; likewise the improvement of local or general conditions which may predispose the margins of the lids to disease. With these precautions taken, he says, it is gratifying to note how rapidly patients will improve under formalin treatment. It will invariably improve all cases and will cure many of them. Some of those cured will relapse, but a renewal of treatment again relieves them. Several of his cases had been treated by himself by other means with little or no benefit, but improved rapidly under formalin.—*N. Y. Med. Journal.*

To Cure Itch in Two Hours.—Vleminks recommends fresh sulphuret of calcium made as follows :

R Sulphur (Flowers)..... 3 ounces.
Quicklime..... 6 ounces.
Water..... 2 pints.

Boil together till combined, then allow to cool and settle. Decant and preserve in hermetically sealed bottles. Application : Rub patient all over with soft soap for half an hour, then place in a tepid waterbath for another half hour. Next rub over with the solution and allow it to dry on the skin for a quarter of an hour. Complete by washing in the bath.—*Canada Lancet.*

Atlas of Legal Medicine.—By Dr. E. Von Hofmann, Professor of Legal Medicine and Director of the Medico-Legal Institute at Vienna. Authorized translation from German. Edited by Frederick Peterson, M.

D., Clinical Professor of Mental Diseases in the Woman's Medical College, New York: and Aloysius O. J. Kelley, M. D., Instructor in Physical Diagnosis, University of Pennsylvania. 56 Plates in Colors and 193 Illustrations in Black. Philadelphia: W. B. Saunders, 925 Walnut Street, 1898. Price, $3.50 net.

This remarkable work is the second of the series of hand atlases which Mr. W. B. Saunders is bringing out for the use of English speaking practitioners. They are translated from the German and sustain well the high reputation of German medicine.

It is certainly of decided advantage for both students and practitioners to become acquainted graphically with those things which are of medico legal interest. No branch of medicine is capable of such diverse opinions and the value of illustrations in forensic medicine is too evident to require argument. Therefore a work which presents a large number of illustrations in the form of photographs and original drawings from actual cases must appeal to every medical man, since he could hardly expect to see as many different cases in a whole life time of medico-legal work.

Every physician, then, who is liable to be called upon for expert medical testimony—and who is not?—should provide himself with a copy of this atlas and study it well. When he least expects it some fact learned or case remembered may prove of inestimable value in giving an important decision.

The illustrations are most beautiful, the whole book is truly "a veritable treasure-house of information." Its low price is one of its most wonderful features.

BOOK REVIEWS.

Accident and Injury: Their Relations to Diseases of the Nervous System.—By Pearce Bailey, A.M., M.D., Attending Physician to the Department of Correction and to the Alms-house and Incurable Hospitals; Assistant in Neurology, Columbia University; Consulting Neurologist to St. Luke's Hospital, New York City. New York: D. Appleton and Company. 1898.

This book is a magnificent volume of 430 pages. The text of the work is devoted to a consideration of the nervous conditions resulting from injury and fright, and the frequency of such so-called "nemoses" cannot but assure a hearty welcome to the work. It is a well-known fact that many of the tranmalu nemoses have no definite lesion, and since they very often assume medico-legal importance, too great attention cannot be paid to reliable data scientifically considered.

Dr. Bailey has presented the profession with a valuable book and his deductions will certainly meet with favorable recognition from medical workers of all schools. His work is unique since it covers the whole field, and is the product of one man familiar with all phases of the subject.

Ample attention is given in the first part of the volume to the various methods of examination which have proven most useful to the author. Nothing superflous is allowed to fill up the text and from first to last the book is one of absorbing interest. Every detail is carefully treated and the author gives many new ideas in regard to the tranmalu etiology of organic and functional nervous diseases. Their treatment is also given due consideration and the various applications of the rest cure, hydrotherapy, exercise and hypnotism are well defined.

The illustrations are well adapted to the tex and show careful selection and workmanship.

In every particular the book is worthy of high approbation and will unquestionably win much praise for its solid and unmistakable value.

Atlas and Abstract of the Diseases of the Larynx.—By Dr. L. G. Gruenwald, of Munich. Authorized Translation from the German. Edited by Charles P. Grayson, M. D., Lecturer on Laryngology and Rhinology in the University of Pennsylvania; Physician in Charge of

the Throat and Nose Department, Hospital of the University of Pennsylvania. With 107 Colored Figures on 44 Plates. Philadelphia: W. B. Saunders, 925 Walnut St. 1898. Price, $2.50.

This volume constitutes the third independent number of Saunders' Medical Hand Atlases, being the American reproduction of the world-renowned Lehman Medicinische Handatlanten. It fills a place which no previous work on diseases of the larynx has been able to, and the reader will find it unique among books on the same subject. The opportunity of possessing and having at hand constantly a large number of exact reproductions of pathological conditions of the larynx is certainly of great advantage to any laryngologist however experienced he may be. The illustrations in the above book are so true to nature and so accurate that in them one has a most complete clinic and their study constitutes a most valuable post-graduate course.

The text is very satisfactory and thoroughly modern in every particular. The translator has done his work well and left none of the obscurities which so often characterize translated books.

Publisher's Department.

The Treatment of Endometritis.—We may safely say that one of the chief aims of treatment in cases of endometritis is to employ measures which will contract the distended vessels in the mucous membrane of the uterus, to re-establish normal circulotory conditions, and thus favor the absorption of exudates in the tissues. These cases often come under the observation of the general practioner at a time when a cure can be accomplished by efficient topical medication, without the necessity of resorting later to curetting or the application of caustic applications to the uterine mucosa. Formerly, medicated vaginal tampons were much employed for this purpose ; but recently a more convenient, agreeable and serviceable means has been presented to the profession, in the form of a wafer. Micajah's Medicated Uterine Wafers combine all the advantages of the medicated tampon with a number of special properties. They are much more readily applied than the tampon, so that part of the treatment can be entrusted to the patient ; and their application is therefore to be preferred both on the score of cleanliness and convenience. Aside from these obvious advantages, however, they are composed of ingredients all of which exert an antiseptic, alterative and healing effect upon the in-

Continue to ask for Parke, Davis & Co.'s Anti-Diphtheritic Serum. We continue to lead in potency, efficiency and reliability of product. Remember also that P., D. & Co.'s serum is marketed in hermetically sealed bulbs (not ordinary vials and corks), which exclude the air and keep the serum strictly aseptic.

Latest literature mailed upon request.

Special Notice.—The validity of the recent patent issued by the U. S. Patent Office on diphtheria antitoxin will be contested in the courts. Pending a decision in the case, we beg to announce that we shall at our own expense, protect and defend physicians in any legal proceedings which may be brought as a result of the purchase of "P., D. & Co.'s" Anti-Diphthiric Serum. Order it at any time and in any quantity without hesitation.

Parke, Davis & Co.,

Home Offices and Laboratories, Detroit, Mich.

Branches in New York, Kansas City, Baltimore, and New Orleans.

flamed uterine mucous membrane. Under their continued use the congestion gradually subsides, the engorged vessels assume their normal caliber, the mucous secretions disappear, and exudates are absorbed. But even in cases where the process is so far advanced that operative measures are called for, the Medicated Wafers will be found an extremely valuable adjunct in the treatment. "Write Micajah & Co., Warren, Pa., for samples."

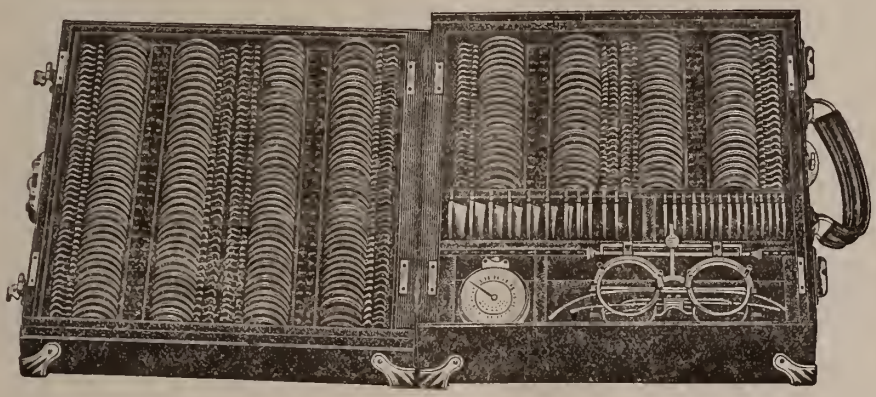
Deception as practiced to-day is an art that contains more dangerous elements within its scope than anything known to human mind. Everything used as food and manufactured has almost, without exception, some form of adulteration more or less injurious to health. Wines and liquors, owing to their peculiar qualities, offer to the unscrupulous dealer a field that is simply unlimited for his nefarious business. He depends mainly upon the ignorance of his customers, knowing full well that not one in fifty knows what he is buying and relies solely upon his "fluent tongue" to convince them his goods are as represented. A firm like the Brotherhood Wine Co. of New York City, that dates back as far as 1829, has no need for deception or even a "fluent tongue." Pure, wholesome wines and liquors have been sold by them for more than fifty years and their greatest mark of appreciation is the fact that the year 1897 was the largest in their business career.

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Gold Treatment in Inebriety.*

By T. D. Crothers, M. D., Supt. Walnut Lodge Hospital, Hartford, Conn.

When any great truth begins to receive public recognition it is always welcomed first by the credulous and visionary enthusiast, who surrounds it with the most extravagant expectation. Then comes the charlatan and empiric who turn all the facts to personal profit, and through mystery and confusion impose on the public. Finally, the truth is better understood, and passes the empiric stage; then the charlatan disappears. Every great advance of science is first denied and doubted, then accepted with wild credulity and empiricism, then comes the final acceptance and recognition as a reality.

These conditions are not often recognized, and almost every advance in medicine has its stage of denial, of credulity, of empiric acceptance, and finally of incorporation into the world truths. A very striking illustration of this evolutionary movement appeared at the close of the last century in Perkinism.

In 1785 Galvani published his experiments on electrical force. This created profound interest in Europe and this country. It was denied by many, and others entertained the most

*Read at the 84th Annual meeting of the Vermont Medical Society.

extravagant hopes of its value in curing disease. It was called Galvanism, and was considered a new force with the most wonderful power over disease. For ten years skepticism and credulity clashed over this new remedy. Finally in 1796 Dr. Perkins, an obscure irregular physician of a little town in Connecticut, announced that he had discovered two metals which, combined in a secret way, possessed marvellous powers of galvanism, and which he called tractors, or pullers out of disease. These tractors resembled a piece of gold and silver fitted together, about four inches long, and were used by being moved up and down over the part affected, to draw out the disease and restore the vital forces. Almost every disorder known was cured or relieved by this means. The discoverer challenged the world of science everywhere, and invited criticism and pointed to the persons cured for irrefutable evidence. The psychological soil was prepared, and the army of credulous enthusiasts were all ready to welcome him. In two years these tractors attained great popularity in this country. They were liberally recommended and endorsed by the faculties of several medical colleges (Harvard, Dartmouth Medical College, New York Medical College, and what is now the University of Pennsylvania), and by vast numbers of clergymen, members of Congress, and public officials. A special patent was issued and signed by George Washington, as a slight recognition of the great service the inventor had rendered the world. Pamphlets, sermons, lectures, papers, and even books were written and scattered everywhere, giving the theories and results following the use of these tractors. In 1798 Perkins went to London. His boldness and dogmatism immediately commanded popularity. After a time a hospital was established, called the Perkinson Institute, officered by the nobility, with Lord Revois as president. Large sums of money were given for the treatment of the poor by this method. Free dispensaries were opened, and trained assistants used these tractors for all cases, with boasted success. Lectures were given on the philosophy of this method, and students were

instructed and sent out to open branch institutes. The rich purchased these tractors and became their own doctors, and the poor were obliged to accept treatment from others. With empiric shrewdness, certificates of cure were gathered, which exceeded ten thousand in number, and were signed by princes, ministers of state, bishops, clergymen, professors, physicians, and wealthy laymen. The inventor was recognized as a public benefactor and pioneer, also one of the few immortals who would live down the ages. Perkinism seemed to have won a place in the scientific history of the world. By and by this gilded cloud of popularity burst, and the charm was dissolved. Two physicians of Worcester, Mass., made tractors of painted wood and sold them as the orginal, producing the same results and the same crop of certificates of cure. After making a respectable sum of money, they published their experience, together with the thanks and public prayers for the great blessing conferred on the world by these means. Like the "South Sea Bubble," Perkinism dissolved and was no more. The branch institutes for treatment by the tractors closed for want of patients and the tractors disappeared. Behind all this tremendous enthusiasm for the good of science and humanity appeared a commercial spirit that was startling.

These tractors were claimed to be gold and silver, and sold at from ten to twenty-five dollars each. In reality, they were made of brass and polished steel, at a cost of about twelve cents each, in an obscure Connecticut village, from which they were shipped to the inventor, who sent them all over the world. Of course Perkins made a fortune, which compensated in a measure for his sudden fall from greatness.

While this was a great empirical epidemic, with a mercenary object, based on a few half defined truths, it materially furthered the growth and evolution of this subject. Many of the wild theories which gathered about Perkinism suggested clearer conceptions to later observers. Like the specific inebriety epidemic, it began as an assumed discovery of some new power,

claimed from metals (not used), with some new physiological action by some new process, enveloped in mystery, and only known to the discoverer. The tractors were patented, and only made by Perkins, and the certificates and statements of those cured furnished all the evidence. Literally, the effects were entirely mental, depending on the credulity and expectancy of those who claimed to be helped.

The second equally striking illustration is the Gold Cure for inebriety, which, curiously enough, appears almost exactly a century later. During the sixties, much controversy raged about the question of the disease and curability of inebriety. Very bitter denials, which are still heard, greeted this new truth, and also the same extravagant credulity. Along in the early seventies the quacks appeared, claiming to have found remedies and specifics for the certain and permanent cure of inebriety.

One well remembered drug was the red cinchona bark, another was arsenic water from a certain spring, a third was an unknown plant from the tropics.

Then Keeley appeared with his two nine-dollar bottles of Gold Mixture, for home treatment. This remedy was a specific for epilepsy as well as for spirits and opium cases. For several years he was a coarse advertiser and sent out pretentious circulars that were not up to the usual standards of other empirics. Finally in 1887 this gold cure scheme came into great prominence, and patients gathered in large numbers for treatment. Four weeks was the limit of time for a radical cure. It was early seen that one place was insufficient for all cases, so rights to use the specific were sold and branches organized and conducted on one general plan, federated together.

Physicians were enlisted to conduct each branch, companies were organized, houses hired, and elaborate arrangements made for the work. Special papers were established to defend its interests, and the pulpit and press endorsed and freely praised these efforts. Every possible avenue to attract public attention was industriously cultivated to keep the subject before the people.

Large numbers of persons who claimed to be cured organized into clubs, and displayed hysterical enthusiasm to prove the reality of their cure and the greatness of the projector.

It was assumed that the inventor of this specific was the first to urge the theory of disease in modern times; also that he had made a great discovery of a new remedy, the nature of which he carefully concealed from the rest of the world. The most wonderful and complete cures of the most incurable cases were accomplished in two or three weeks on some unknown physiological principle. These assertions were sustained by certificates of clergymen, reformed men, and others, and were accepted as facts without question or other evidence. Dogmatic statements and bold assertions, coupled with savage criticism of those who dared to doubt, together with half-truths and wild theories, mark all the literature of this specific. The commercial side of this remedy was equally startling and Napoleonic as a business success. It is a curious fact that this particular cure was very closely followed in all its details and claims by a number of imitators, who made equally wonderful discoveries in precisely the same way, but all were concealed for the same pretended reasons. It is equally curious to note the absence of novelty and originality of methods compared with the means and efforts used to make popular and create a sale for most of the proprietary articles on the market to-day. All these specifics for the cure of inebriety were without any practical interest except as phases of the psychology of the drink disease. It is very evident that they could not attract attention on their merits, and the means and appliances used to bring them into notice. Their existence depended on a psychological subsoil, which would favor the growth and culture of any remedy involved in mystery, and promising marvelous cure in a brief time. This subsoil was simply the credulity of a large number of persons, who recognized the possibility of disease in inebriety. Without this all specifics, no matter how wisely and shrewdly presented, would fail. The conditions were all ripe for such

empiricism, and its growth, life, and death were governed by causes unknown to and beyond the control of its boastful authors.

Every temperance revival movement depends on some pyschological subsoil of expectant credulity, and is followed by the same dogmatic empiricism and the same wonderful cures and hysterical confidence of permanent results. Certificates of cure, and enthusiastic praise of means and methods, of far greater magnitude than that which follows any specifics, could be gathered and noted after every temperance revival.

This epidemic wave for the cure of inebriety was hardly up to the average of former empiric efforts in adroit manipulation of the credulous public.

The successful charlatan of modern times has always exhibited some psychological skill in the display of assumed truth and the concealment of his real motives. In these inebriety cures there is a coarseness of methods, with brazen assumption and display of pecuniary motives, that quickly repel all except the unthinking. The circulars, statements, and appeals to the public are overdone and sadly lacking in psychological skill. A certain crankiness, with strange combinations of rashness and caution, stupidity and cunning, strongly suggests that inebriate intellects are the guiding spirits in the management of these curses.

On the other hand, the very spirit and hurry of the movement suggest a full recognition of the brevity of the work and the need of active labor before the "night cometh when no man can work." In this the highest commercial and psychological skill appears. Dependence for popularity of the cure on the emotional enthusiam of reformed inebriates also suggests a short life and early oblivion, of which every temperance and church movement for this end furnishes many illustrations.

There can be no doubt of the fact that a certain number of inebriates are restored by each and all these various methods of cure, and a certain other number, always in the great majority, are made worse and more incurable and degenerate by the failures

of such means. But, above the mere curing of a certain number of cases, a great psychological movement is stimulated, and a wider conception of the evil follows of permanent value. The inebriety specifics are epidemics of empiricism that will pass away soon, but they will rouse public sentiment and bring out the facts more prominently as to the disease of inebriety and its curability.

The gold specific is already far down on the road to final extinction. The branch houses are disappearing, the enthusiasm is rapidly waning, and the mystery and pretension have lost their attraction.

In an article on gold cures in inebriety read at the Denver meeting of the American Medical Association, and published in the Journal for October 1st, I made the following reference to gold in the treatment of these cases.

"The empiric preparations called "gold cures," whenever analyzed are found to contain no gold whatever. The assertion that no chemist can ever make an analysis of such preparations is absurd. As a medicine, gold has rarely been used by the regular profession. In the first century of the Christian era, Pliny mentions it only to doubt its value, unless taken with large quantities of drink which destroys its potency for evil. The Arabian physicians for hundreds of years mentioned gold as an elixir of life, believing it of value in renewing youth and prolonging life. This doubtful theory continued, appeared in old works of chemistry down to the last century. No one made a test of it but simply repeated it in terms of vague doubt. The alchemist charlatans have always been defenders of gold as a remedy. It is a curious repetition of modern experience that at least three much vaunted remedies contained no gold at all. In 1540, Gallus, a physician of Paris, claimed to have a gold cure for syphilis and gave the formula, an impossible combination. Glaser, a London doctor, in 1663 claimed to have a diaphoretic powder of gold for intermittent fever. This was equally fraudulent and no gold was found in the preparation, although it was

used for many years with great popularity. From 1725 to 1780, Lamotte's gold drop was famous throughout Europe, and was called a tincture of gold, but contained no gold. Neumann wrote nearly two hundred years ago: "Gold has been held to possess extraordinary medicinal virtues, and many preparations dignified with the name of this precious metal have been imposed on the public, but the virtues ascribed to gold have apparently no other foundation than credulity and superstition, and most of the golden remedies have no gold in them." Even when gold has been employed in their preparation, none of it is retained in the product.

Gold is non-assimilable, and its modern use is confined to quacks who trade on the name. The modern craze for gold as a remedy is simply a repetition of Charlatan's schemes of the past centuries who sought to meet and supply the demand for elixirs of life, renewing health and postponing old age. Croll, a German physician in the sixteenth century, mentions over a hundred preparations of gold, each, if made by the formula, would be absolutely free from gold. This was illustrated in the modern gold cures, which, from their names, were found to be chemic impossibilities. Their value in inebriety depends on credulity. A yellow mixture of some vegetable extracts injected into the arm followed by general relaxation and diaphoresis so profoundly impressed the inebriate chemist, that he has ignored all teaching and experience for the belief that the hidden virtue of this drug have been discovered and will revolutionize pharmacy in the future. I have tried three of the known preparations of gold, made by reputable authorities, in cases of inebriety, with no results whatever. When strychnine, cinchona and other remedies were given, associated with gold, the effects were marked. The same results followed when gold was not used. Infusion of cinchona in large doses at frequent intervals resulted in rapid subsidence of the drink craze and a distaste for both the flavor and effects of spirits. Injections of gold were not noticeable for any effects on the taste or desire for spirits. By impressing the mind of the

patient with profound conviction of the value of the drug, and detailing the expected results which would follow, and by using colored water the exact effects would appear.

In some cases, this impression is so powerful as to materially change the disease. Supposing gold to be used, it must be combined or given with some other drug of pronounced effect on the body, or preceded by expectancy and credulity, to be followed by any results.

In reality, inebriety, its causes, and possible remedies are unknown territories which have not been explored to any extent so far. Like insanity the facts are so numerous and complex, and controlled by conditions so obscure and uncertain, that dogmatism is ignorance. It is literally insanity of the borderland type, in which the brain suffers from defects of structure and function, and the presence of poisonous substances.

Alcohol is now recognized by the latest studies to be a pure anæsthetic, and its fascination is altogether due to this quality. It quiets nerve pain and covers up states of irritation and exhaustion. Pathologically it checks and retards nerve force, disturbs nutrition, and checks elimination. The inebriate is both starved and poisoned. Ptomaines and bacteria are grown and most favorable soils for their propagation cultivated. As a result growths and fibrinous deposits occur, the vital forces of the nerve cells are lowered and the resisting power of the body is diminished. There can be no specific for these states. The paroxysmal drink impulse is a nerve storm, and indicative of central irritation with exhaustion. This is readily controlled by bitter infusions in large doses often repeated. The remedies to be used always depend on the source of the inebriety, or the early causes. They vary with the man, and include an almost infinite variety of means and measures.

My experience of over a quarter of a century gives me very positive convictions that the treatment should be begun by the family physician; also that these cases are more curable by the family physician in the early stages. When the use of

alcohol shall be recognized as dangerous and a symptom of positive disease, and the physician called in, its prevention and cure will be as certain as in any other disease. At present nothing is done medicinally until chronic states appear, then the asylum is supposed to do what would be practically a miracle in other respects. If the family physician would take up the study and medical care of these cases at home, the gold cures and quacks would have no business, and a new and most practical field would be added to the field of general medicine. There are always a certain number of cases which cannot be treated at home in the first stages, but after the acute stage is over, they can return to the care of the family physician, who can most successfully conduct the case to a favorable termination. Those cases require all the best efforts of both the family and specialist, first one then the other. Combined the cure is as positive as in every other disease.

Slates Forbidden.

The use of slates has been forbidden in the schools in Zurich, Switzerland, and pen, ink and paper have been substituted, even in the lowest forms. The reasons given are that the light gray marks of the pencil on the slate cannot be followed without straining the eyes; that the pressure which it is necessary to exert upon the pencil lessens the facility of the hand and renders an easy, flowing handwriting more difficult to attain, and that the use of the slate is not conducive to cleanly work.—*Jour. of Med. and Science.*

The Treatment of Uncontrollable Vomiting of Pregnancy.*

George Davenport, M. D., Randolph, Vt.

Mr. President and Members of the Vermont Medical Society:

I have an idea that I owe you an apology for presuming to occupy your time in discussing a topic about which the medical journals and medical teachers generally have had but little to say in the past, in fact, not as much as the importance of the subject demands.

The uncontrollable vomiting of pregnancy is not an uncommon disease. It occurs too often in a country practice. It is also an extremely fatal disease. I should say 99 per cent of the cases end in death; but if properly treated, 99 per cent will recover, and the woman will find herself none the worse for her experience. We all know the parturient woman is liable to what is called "morning sickness," slight it may be, it usually is so and she pays but little attention to it. A large majority have no "morning sickness" whatever. Indeed, sometimes the health is better as soon as pregnancy occurs. What is this uncontrollable vomiting? What is meant by that term as applied to a pregnant woman? I hope to make the answer so plain as to be perfectly understood. We are aware that there are many degrees or grades of "morning sickness" and when we are first called to a case we cannot determine whether it will develop a serious feature or not. So we patiently wait. But when we have tried faithfully every available means to overcome the nausea and vomiting, for a period of ten days or two weeks, and at the same time the patient is gradually losing flesh and strength, we may know she has the fatal form of "morning sickness," and she will die—medicine will not relieve her. The patient previous to this attack was strong and healthy, seldom had an ache or a pain, but

*Read at the 84th annual meeting of the Vermont State Medical Society.

now she has missed one or two of her monthly periods. This knowledge renders the diagnosis perfectly clear and plain. Married or single, she has developed the fatal form of "morning sickness."

The patient has had the benefit of all that science and knowledge can devise and skill execute, yet she is no better. Is there, then, anything more that can be done? Emphatically, yes. The remedy of last resort, the remedy which will change grief to joy is nothing more or less than to empty the uterus, to bring on an abortion; and if this act has not been delayed too long it will be eminently successful. It is surprising how quickly the nausea ceases when the "flow" begins. It is, perhaps, proper here in this connection to mention the best method of bringing on an abortion. In my opinion the best way is to use a graduated uterine sound to break up the connection between the fœtus and the mother. No force is to be used, but with the point of the sound carefully insinuated and properly manipulated the "show" soon appears. The after treatment is precisely that of any other abortion. After the contents of the uterus have been evacuated, a judicious restorative course of treatment will again establish the health of the patient.

It would seem advisable in this connection to enumerate the indications for inducing abortion. I will take the liberty to quote Dr. Jeffé, a German writer, on this subject. "Dr. Jeffé, after a study of the literature of the last ten years, fixes the indications for inducing abortion as follows: Absolute indications, 1st, Uncontrollable vomiting of pregnancy. 2d, Incarceration of the gravid uterus. 3d, Obstruction of the pelvic outlet by tumors or exudates. 4th, Progressive and pernicious anemia. 5th, Grave chorea. Relative indications—1st, Great contractions of the pelvis, with the conjugata vera below five centimetres. 2d, Pulmonary emphysema with signs of degeneration of the heart. 3d, Nephritis, especially with eclampsia. 4th, Chronic heart disease. 5th, Other general diseases of the mother which would jeopardize her life at the time of delivery. Dr. Jeffé holds that

a conjugata vera of six centimetres and advanced pulmonary tuberculosis should not be regarded as indications for abortion as it is not just to sacrifice a future life for one that is certainly lost."

There is another indication sometimes met with. I brought on an abortion several years ago in a frightful case of placenta previa at about the fifth month, but I saved my patient. Thus we see there are many indications for inducing abortion, but obstinate vomiting of pregnancy is incomparably the most important, because of its greater frequency, and its great mortality. Twenty years ago I mentioned the following case to this society in a paper I read then, and with your permission will recall it again. Mrs. M., farmer's wife—above medium height—well nourished—strong and healthy, always had been so. Married about six months, was taken suddenly ill; the prominent symptoms, sickness at the stomach and vomiting. I was called the second day of the attack, and I found the pulse slightly accelerated, some increase of temperature, and the woman in fairly good spirits. She had twice missed her monthly periods. Diagnosis, congestion of the liver and gastritis sub-acute form. Treatment according to that pathology.

As time passed on I found her some days quite comfortable, but these periods were short, vomiting would come on in spite of everything we could do to prevent it, and I went thoroughly through the materia medica for that class of remedies. But it was all in vain. All this time she was confined to her bed, and was gradually losing both flesh and strength. Under the circumstances I asked for council, and two leading physicians were called. Both diagnosed the case exactly as I had done and advised to continue treatment and said she would recover. The patient died some ten days afterwards. The date of her death was May, 1853. I told the husband, Mr. M., that I was not satisfied with the apparent cause of her death and asked for a post mortem examination, to which he very readily assented. We called Prof. B. to assist and he kindly consented. We found

the body much emaciated. I made the usual crucial incision, the liver being the first organ to be examined, and I was a very much astonished young man when I found a healthy liver, not a single sign of disease, perfectly normal in every respect; likewise the stomach, no disease in that organ whatever. Here was a young, robust, healthy married woman who had vomited every day for some five weeks, and some of the time every hour of the day, and finally died from exhaustion and no disease in the liver or stomach could be found! I then started on an explor. ing expedition, and first the chest, the heart and lungs gave no evidence of disease there, in either organ. Then beginning at the stomach I followed along down the intestinal canal to the pelvis, and there I accidentally grasped the uterus and to my surprise found it enlarged. I cut it open longitudinally, and there, embeded in the cavity, was a well formed fœtus three and one-half inches long. The arms and legs, fingers and toes were all well developed. In attempting to lift it out of its bed the forceps cut through the flesh it was so rotten, in fact so rotten it would not bear its own weight. The mystery was now solved.

The fœtus had been dead several days. The death of the fœtus is not the cause of the vomiting. No doubt the fœtus died sometime after the vomiting commenced, in this case. This case is the only one I have had the opportunity to make post mortem examination, and to me it was very instructive. I learned from this one that obstinate vomiting in the female was no indication of gastritis. Gastritis is as meaningless a term in these cases as "heart failure" is in pneumonia. The vomiting is only an indication of irritation of the uterus, re-flex action it is called. Perhaps this case of Mrs. M.—— does not interest you, as it occurred forty-five years ago, but I have known four cases in the last four years, three died and in the fourth the uterus was emptied and the patient lived. This is an unusual number for the time, but they occur all over the State and it is well to be prepared for them. I think the case of Mrs. M. is the only one reported to this society in recent years, and I

thonght it might be profitable to the members of our society to know of my mistake and govern themselves accordingly. One of my council was educated in Paris, yet after I made the "post-mortem" I knew more about the case than he did. I ought here to close my paper, but having read a very flippant article in a recent medical journal on this subject, in which the writer of that article claimed that obstinate vomiting in the pregnant woman was caused entirely by overloading the stomach with food, and all that was necessary in the treatment was to give the stomach a rest. That has not been my experience as you will see. Mrs L., farmer's wife, mother of three children was taken very suddenly ill with nausea and vomiting. Everything she took into her month brought on a paroxysm of vomiting; ice or water was just as bad as anything else. She denied being in the "family way," but I thought she was so. She did not swallow a particle of food or drink, or medicine, for a period of twenty one days. *Her* stomach had quite a long rest. At this time, Mrs. L. had no use of her limbs, they remained just where the nurse placed them; she could move her head a little. By advice of council I brought on abortion, and as soon as the "flow" began the nausea and vomiting ceased, and she went on to a slow, but uneventful recovery.

I delayed active interference too long in this case; it was not safe, yet the result was as favorable as could be expected.

The Local Treatment of Sciatica.

Gennatoz (quoted in *New York Medical Journal*) advocates painting along the course of the nerve with two or four coats of strong hydrochloric acid, dressing with absorbent cotton. The procedure is repeated every other day, taking care to avoid the sanguineous vesicles that will have been formed. Three to five applications are usually sufficient to effect a cure.—*Denver Med. Times.*

DISSERTATION "ON THE USE OF FORMALIN IN SURGERY."*

By G. P. Conn, M. D., Concord, Secretary N. H. State Med. Society.

It is the surgeon's misfortune that micro-organisms, which may be for some good or evil, are so small as to require artificial and experimental aid to determine when and where they exist. The microscope and the bacteriologist alone are able to determine when germs are present, and whether they may or may not be detrimental to the work of the surgeon. At the present time we are unable to always determine when we shall be successful or otherwise in performing operations. Given a patient that is entirely healthy, with absolute surgical cleanliness of patient, of physician, of instruments, and of material for dressings, and we shall have perfect results. It is the misfortune of the patient, and a matter of chagrin to the surgeon, after he has gone through with what was considered the best hygienic preparation of the patient, to find afterwards that there was some latent germ which could not be detected, that developed pus cells, and caused a good deal of suppuration. If it were not for the fact that it was almost impossible to be absolutely sure that perfect cleanliness prevails, not only of person, but of dressings and surroundings, antiseptics would be unnecessary.

The conditions which allow a perfectly aseptic operation are so rare, that any one to-day feels not only justified, but that it would be in a degree reprehensible not to employ the best known antiseptics during an operation. Then, again, there are a great many operations, which from the nature of the injury, or of conditions existing, cannot be considered as typical cases for an aseptic operation. The greater number of railway injuries are of this character, and certainly all operations upon patients

*Read at the 105th annual meeting of the New Hamshire Medical Society.

in which pus is already to be found, the ideal aseptic operation is an impossibility. Therefore antiseptics become a necessity to the surgeon; and we are ever casting about for those which will produce the best possible results. There can be no doubt but oftentimes what would prove to be septic wounds, are transformed into conditions favorable to aseptic wounds by the thorough use of a reliable antiseptic.

The Executive Committee have honored me with a place on your programme to present "The Use of Formalin in Surgical Work."

My attention was first called to this substance some five or six years ago by Professor Patten of Dartmouth College. In a lecture before the Scientific Society of the Dartmouth Faculty, he presented in a very clear and forcible manner the advantages of formalin as a preservative to animal and vegetable substances, over corrosive sublimate and various other chemicals which have been in use for that purpose. He demonstrated that a very weak solution was sufficient to preserve aqua marine plants and vegetable substances, and not only preserve them intactly but also to preserve their color, which many of the other chemicals formerly used would destroy. It has been found that corrosive sublimate reduced most of these plants to a powder and thereby was destructive to a degree beyond a remedy.

The conditions, which he presented in a most forcible and pleasing manner, seemed to me to have brought forward a substance which might be made of use in surgery. I inquired of him in regard to its having been used, and was told that he had not learned of its having been used by any one. I made some inquiries from other sources, and among others the naval medical museum at Washington, as well as of the museum connected with the marine hospital corps. I found that they were using it for the same purpose as Professor Patten, but so far as I could learn, it was not being used in surgery. I managed to get a small quantity, which, as you will see, is a perfectly colorless liquid, and having nothing to guide me started out

very much as we originally found convenient with solutions of carbolic acid. The solution which I used I found too irritating for most patients to bear, but was pleased with the effect from a surgical point of view, as it seemed to be radically antiseptic. After using it more or less for a short period, I found it too irritating, and it seemed to me that to reduce it more would give but little better results than clear water. Therefore, for a time I discarded it, going back to old and tried remedies. About this period I saw an article from Professor Corey, of Chicago, in which I found that he had pursued about the same course that I had, beginning about the same time, but had been more persistent and had finally arrived at definite conclusions, and was using it with gratifying success at a strength of 1 to 200.

With this information, I began to use it again and have continued to use it now for about two years with very gratifying results. I have used it in fresh wounds, in old sinuses and sores, in burns and also in exanthematous diseases. I have learned by experience that in a great many instances it becomes necessary to reduce it far more than that of 1 to 200. There is one thing in regard to it, that if you find it too strong, causing smarting and other irritation, a bath in hot water for a few moments removes it at once and leaves no after effects, when you can continue to use it from 1 to 500, or even 1 to 1,000.

While I was experimenting with formalin, my friend, Dr. Stillings, became quite enthusiastic over the use of a compound sold under the name of glutol; and on looking up its composition, I found that any power it might have as an antiseptic was due to a small per cent of formalin it contained. About this time several enterprising caterers to the professional and public wants came out with formal, formaloid, etc. These contained a small per cent of formalin, some form of boric acid flavored with a little eucalyptus or lavender. All of these preparations are expensive, out of all proportion to their germicidal power.

Walter L. Bierring, M. D., professor of pathology and bacteriology, State University of Iowa, says:

"To determine its germicidal properties a number of tests were made with the organisms bacillus anthracis (sporing) and staphylococcus pyogenes aureus. Addition of formaldehyde was made to bouillon tubes in strengths of 1 to 3,000, 1 to 2,000, 1 to 800, 1 to 500, 1 to 200, and 1 to 100, inoculated from virulent cultures of above named organisms showed no growth in any case, control cultures being made in every instance. Addition of formaldehyde to virulent bouillon cultures produced death of the organisms in ten and fifteen minutes, and subsequent subcultures showed no growth. It would seem from this that solutions of 1 to 200, 1 to 500, and 1 to 1,000 would be appropriate for disinfecting surgical instruments. Scalpels left in these solutions as long as twenty-four hours showed no tarnish or apparent change in the cutting edge."

This serves to illustrate what formalin will accomplish when used in sufficient quantity and for sufficient length of time, and from a commercial view is comparatively inexpensive as compared with those articles which enterprising chemists have placed upon the market.

The power of formalin to preserve tissues is cogently set forth in the *Journal of Applied Microscopy*, by Carl Huber, M. D., of the University of Michigan. He says:

"Formalin is a forty per cent aqueous solution of formaldehyde gas; as a fixing or hardening reagent it is best used in a 4 per cent solution, which is prepared by mixing ten parts of formalin with ninety parts of water. This fixative, which has been in general use only a few years, seems destined to have a very wide application. It penetrates tissues very readily and preserves the elements quite well. Pieces not more than one-quarter of an inch in thickness are well hardened in about twenty-four hours. This hardening fluid should be kept in a well-stoppered bottle, as it evaporates quite readily; fifteen to twenty times the volume of the tissue should be used. After harden-

ing, that is, at the end of twenty-four hours, the tissues may be placed in eighty per cent alcohol in which they remain until further needed."

"Dr. S. Solis-Cohen has seen good results in tuberculois lesions, both in ulcerative and vegetative cases."

"It is a potent antiseptic, germicide and preservative and will destroy degenerate tissues."—*Med. Review of Reviews.*

Dr. Walker of Concord has used it on degenerate tissue, and I understand will give you the results of his observations.

The limits of this paper will not allow a chapter from the latest edition of chemistry to explain the process of the manufacture of formalin. It is sufficient for our purpose to know that it is a solution of formaldehyde, or as it is sometimes called, formic aldehyde. This solution may be considered much in the same manner of preparation as the making of a solution of the stronger aqua ammonia. A great deal of experimental work has been done towards making the formaldehyde gas a popular disinfectant. Literature has been spread broadcast over the country, many forms of lamps have been devised and placed upon the market, and varied results have been reported by those engaged in the experiments. However, as the use of the gas has at present nothing to do with every-day surgical work, I shall not take up your time in discussing its merits. The chemical affinity of this gas for water or moisture, while causing a world of trouble to the health officer, becomes a strong point in its favor when applied to solutions, as it becomes comparatively easy to effect a 40 per cent. solution, which is the basis of the formalin we use in surgical work. One to two hundred has been suggested as the medium strength for surgical work. This means one dram of a 40 per cent solution (such as is before you), to two hundred drams of sterilized water, *i. e.*, one dram to twenty-five ounces.

Now in order to do our best work with this or any other antiseptic, emersion or some form of contact is far better than simply bathing the wound. Complete and thorough scrubbing with soap and water, and afterwards from ten to thirty minutes submersion

in a solution of 1 to 200 will give good results, still a longer bath would many times be necessary to insure perfect satisfaction to both patient and surgeon. Every surgeon recognizes that there is a vast difference in the hygienic care that is necessary in some cases, while in others less care and anxiety is expedient.

In railway surgery, with the possible and probable destruction of tissue, with wounds begrimed with grease, oil, iron-rust, cinders and dirt, much time is spent in thorough cleaning of wounds, great care in the use of antiseptics, and the most careful selection of sterilized dressings should be insisted upon to insure satisfactory results. The use of a compress saturated with a solution of 1 to 200 of formalin can be used oftentimes, far better than submersion of the wounded member. The wound may be thoroughly packed with gauze saturated with a solution of formalin, and left while arranging for final dressings. In this way you can stop the flow of blood and serum from the tissues, and substantially disinfect at the same time.

This leads me to another form of its use, which is wet dressing for amputations and other wounds. I have never found anything before except plain hot water that was not disappointing. I have used a wet dressing of formalin of 1 to 200 or 1 to 500 many times and with the most satisfactory results. Dr. McBurney of New York is much in favor of the normal salt solution for wet dressings, but I believe the formalin to be the best. My experience in its use in burns of any magnitude has been limited to two cases, in both of which it was entirely satisfactory to patient and surgeon, as the patient suffers the minimum of pain, and the odor of burned flesh, which we have so many times experienced in hospitals and private practice, was practically nil.

In eczema I have used it with good results, although but few can bear the application of it as strong as 1 to 200. It is best used in the form of wet dressings. I believe some physicians have used it in gonorrhœa and for a wash in syphilitic ulcers, but I have not made sufficient use of it in these cases to give an opinion of its merits.

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THE VT. MED. PUB. CO., Burlington, Vt.

EDITORIAL.

Unwarranted Legislation.

During the present session of the Vermont Legislature, a bill has been introduced, with the end in view of prohibiting Canadian doctors from practicing their legitimate profession in the State of Vermont.

It must have been the outcome of prejudice or an erroneous idea of the ability of the average Canadian practitioner, for while the bill certainly legislated against capable men, it did not even mention a word against the innumerable quacks known

as Divine healers, Christian scientists, Osteopaths, etc., that make Vermont their place of rendezvous. Quite often the doctors, who come here from Canadian soil, are equal in professional knowledge, to many of our more capable and intellectual practitioners; and where the above mentioned bill sought to abolish such it in no way made provision to eliminate the parasite of the medical profession properly known as quack. The bill, therefore, should rightfully be condsidered by all sensible and liberal doctors of medicine, as not only a rank injustice, but a breach against all known forms of equity and progress.

While we have the greatest respect and admiration for the American doctor, we are not narrow enough to say he completely over-shadows his Canadian brother, for it must be remembered that most of the Canadian schools of to-day are keeping pace with all other first class American colleges. Furthermore, some Canadian schools have turned out many bright and energetic men, such as Osler, whom American doctors look up to and respect.

In this enlightened age we learn to honor true ability whether it be of German, French, Canadian, or American origin, and although the fate of the aforesaid bill is not as yet known, it is hoped that the honorable and thinking men who make our laws, will cause its complete annihilation and in its place have substituted some form of a bill which will be a benefit rather than a detriment to Vermont doctors and to Vermont medicine.

The New State Laboratory.

A Vermont Assembly has at last done something to foster and encourage scientific advancement. To the great surprise and still greater satisfaction of all who were interested in the establishment of a State Bacteriological Laboratory on a permanent basis, the State Assembly recently appropriated $13,000 for

that purpose. Dr. Linsley has been appointed Director of the Laboratory, and this is another source of satisfaction to those who see the great need of a State Bacteriological Laboratory.

With such an institution under the direction of a man whose scientific competency is of the highest order, Vermont can well feel proud. Certainly the medical profession of the State have been complemented, and Vermont medicine, endeavoring as it always is to reach a higher point of efficiency, will certainly feel the impetus and march on to better and more glorious achievements.

The Eighty-fourth Annual Meeting of the Vermont State Medical Society.

The Eighty-fourth annual meeting of the Vermont State Medical Society was held at Brattleboro, October 13 and 14. In every way the session was a very profitable and interesting one. The papers presented were excellent, the discussions were spirited and the attendance up to that of former years. Quite a number of drug and instrument firms sent their representatives and their exhibits were very satisfactory.

The program as printed in our last issue was followed out and with the exception of two or three absentees, every paper or address was delivered. Every doctor who attended returned to his home well pleased and well satisfied with the whole session. Dr. S. E. Lawton of Brattleboro, was elected President and Dr. D. C. Hawley was re-elected secretary. The next meeting will be held in Burlington.

MEDICAL ABSTRACTS.

Carbolic Acid in the Tonsil.—Kramer has employed for several years injections of carbolic acid into the tonsil for the relief of recurrent tonsilitis. He reports fifteen cases where there has been freedom from the disease for two years or more. The treatment is based upon the theory that recurrent tonsilitis is due to the retention of micro-organisms in the glands. The treatment was begun several weeks after recovery from an acute attack, and consisted in the injection of carbolic acid 1:40 for two or three days, until from four to six injections had been given. After cocainizing the part, the sterilized needle of the syringe was introduced one centimetre into the anterior pillar of the fauces, and, if no bleeding followed, the carbolic solution was injected drop by drop, the needle being pushed in several directions until fifteen minims had been injected. There was very little local reaction.—*New York Medical Review of Reviews.*

The Differential Diagnosis of Cystitis and Pyelitis—George Rosenfeld (quoted in *Philadelphia Medical Journal*) lays down the following axioms: 1. An alkaline reaction is not found with uncomplicated pyelitis. 2. The limit of albumin in the urine, even with the severest cystitis, is .15 per cent. 3. If nearly all the pus corpuscles are crenated, the condition is pyelitis. 4. If the red corpuscles present are chemically or morphologically decomposed, provided the hemorrhage is only microscopic and there is no vesical tumor, pyelitis usually exists. 5. The characteristic symptom for diagnosis is the albumin-content, which is from two to two and a half or even three times greater with pyelitis than with cystitis.—*Denver Med. Times.*

The Treatment of Poisoning by Carbolic Acid.—La Presse Medicale of March 19, 1898, tells us that Landouzy gives the following directions as to the treatment of this condition: Inject immediately by hypodermic syringe thirty to sixty minims of sulphuric ether as a stimulant. Use a rectal injection of two ounces of sulphate of sodium in three pints of filtered water, irrigating the bowel as high as possible after the manner of Cantani. Administer by the mouth or by means of an esophageal tube one ounce of sulphate of magnesia in a quart of hot water, as this will form an innocuous sulpho-carbolate with the carbolic acid. It may be necessary, also, to bleed the patient and then to perform intrave-

nous transfusion or hypodermoclysis, the injection consisting of 300 grains of chloride of sodium in a quart of boiled distilled water. Morphine and heat should be applied to the extremities, and if the fluid which has been injected into the rectum to wash it out has been passed away, a small injection of strong black coffee should be given as a respiratory stimulant. Tea and hot punch may also be administered.—*The Therpeutic Gazette.*

Intestinal Antiseptic in Typhoid Fever.—In Typhoid Fever as an intestinal antiseptic, a healer of ulceration, a stimulant of elimination and an anti-hæmorrhagic nothing surpasses the good old fashioned Oil of Turpentine. Every once in a while (every 3 or 4 days) if the local conditions announce severe involvement of the glands of Peyer, it may be given in doses of ten to thirty drops (according to age) every two to four hours on a lump of sugar, in emulsion or "sandwiched" in between a couple of swallows of milk.—*Medical Mirror.*

Yellow Oxide (of Mercury) Salve.—Dr. Pagenstecher gives an interesting history of this salve, which was introduced into ophthalmic practice by his brother, Alexander, in 1856, and still bears his name. A family of Nassau, named Keck, possessed the formula of an eye salve which became famous in the surrounding region as a cure for many eye diseases. They kept the formula secret, but supplied all applicants free of charge. Dr. Pagenstecher examined this salve, and found it to consist of a mixture of one part red oxide of mercury and eight parts of fresh butter. His clinical studies also showed its great value. Later he substituted the yellow amorphous oxide for the red crystalline, and found that its efficacy was much increased. Simple ointment was first used as a vehicle instead of butter, on account of its stability, and about fifteen years ago vaseline. Great stress is laid on the fact that the efficacy of the salve depends on its proper preparation. "The best being that with the most uniform and finest distribution of the oxide particles." About ninety per cent of samples obtained from ordinary druggists do not reach a proper standard, and the writer suggests that large quantities of a ten per cent salve should be made by certain reliable manufacturers, and dispensed in this form to retail pharmacists, who can quickly and easily make any desired strength therefrom. The formula and mode of preparation used in the salve at the Wiesbaden Clinic is given.—*Journal Eye, Ear and Throat Diseases.*

BOOK REVIEWS.

A Clinical Text Book of Medical Diagnosis.—For Physicians and Students. Based on the Most Recent Methods of Diagnosis. By Oswald Vierordt, M. D., Professor of Medicine at the University of Heidelberg. Authorized Translation, with Additions by Francis H. Stuart, A. M., M. D. Fourth American Edition, from the Fifth German. Revised and Enlarged, with 194 Illustrations. Price, in Cloth, $4.00 net; Sheep or Half Morocco, $5.00 net. Philadelphia: W. B. Saunders, 925 Walnut Street, 1898.

This book which has appeared in five editions in nine years in the author's native country, and has been translated into English, Russian and Italian, has few superiors among the great works of modern medical literature. It is only a few months ago that the third American Edition from the fourth German was presented to the profession of the United States, and no greater testimonial could have been paid its great worth than the immediate exhaustion of that edition, necessitating a new and revised one. Most medical workers are familiar with its text, and have felt a sincere admiration for its marvelous thoroughness and attention to detail. Not a single thing is slighted and the better acquainted we become with this new edition, the more astonished we are at the author's wonderful perception and powers of observation.

The book begins with the first meeting of the doctor and his patient and following chapters carefully describe the best methods of further questioning and examining the patient. Every item of importance bearing on the diagnosis of disease is thoroughly taken up such as the condition and color of the skin, ears, hemorrhages, edema, etc.

Chapters are then devoted to the examination of the respiratory apparatus, including all the more recent methods of diagnosis. The heart is described and its examination outlined, the miscropic and chemical analysis of the blood is considered and the digestive apparatus, with its vast array of symptoms, is given due prominence, while a chapter on the examination of the urinary apparatus is thoroughly scientific and perfectly abreast of all modern methods. Chapter VIII is devoted to the examination of the nervous system, including localization of diseases in the spinal cord, disturbance of sensibility, and of the sensory cutaneous nerves, disturbances of motility, with methods of examining in detail; disturbances of speech, the eye, hearing, taste and of the general system in nervous diseases. The book, in addition to containing a complete index of 50 pages, contains an appendix upon laryngoscopy, rhinoscopy, otoscopy, ophthal-

moscopy and bacteria, which come under consideration in the diagnosis of internal diseases.

Faultless typography and binding add their share to the excellence of the book, and we recommend it unhesitatingly as a masterpiece of knowledge, talent and skill.

Tumors—By John B. Hamilton, M. D., Chicago, Ill., Third Edition, $1.25 net, published P. Blakiston Son & Co. 1012 Walnut St. Philadelphia, Pa.

For a clear, concise presentation of the complex subject of tumors this little book is without a peer. The reputation of its talented author bespeaks for it a definite scientific value from the first, and a thorough perusal of the text substantiates our expectations.

The classification followed is in accord with the most modern views, and the further consideration of pathology, diagnosis and treatment is thoroughly comprehensive and complete. It is needed in every up-to-date library.

Modern Gynecology :—A Treatise on Diseases of Women. By Charles H. Bushong, M. D. Illustrated. Second edition, enlarged. New York : E. B. Treat & Co., 1898.

This latest edition of a well known work is thoroughly up-to-date in every particular. It is essentially a book for the general practitioner, presenting in a comprehensive manner all the modern and important methods of treating diseases of women. It is well abreast of all the recent advances in Gynecology, and will annually win its way as a sound and satisfactory reference book on its subject.

American Pocket Medical Dictionary, edited by W. A. Newman Dorland, A. M., M. D., containing the pronunciation and definition of over 26,000 of the terms used in medicine and the kindred sciences, along with over 60 extensive tables. Published 1898, by W. B. Saunders, 925 Walnut St., Philadelphia, price $1.25 net.

This little dictionary is certainly a credit to its editor and publisher. A great deal of information has been boiled down and condensed within its covers, and while it is small enough to be of convenient size for the pocket, no one can complain at any lack of completeness. The vocabulary is sufficiently voluminous to meet the every day demands of both student and practitioner and though the definitions are decidedly brief, they are generally satisfactory.

The tables are unquestionably a very valuable portion of the book and they are presented so completely in such a small space that they cannot help but be a great aid to the student. We feel that the book will meet the success it so richly deserves.

The Principles and Practice of Medicine, designed for the use of practitioners and students of medicine by William Osler, M. D., Fellow of the Royal Society; Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University and Physician-in-chief to the Johns Hopkins Hospital, Baltimore; formerly Professor of the Institutes of Medicine, McGill University, Montreal; and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Third edition, entirely revised and enlarged. New York: D. Appleton & Co., 1898.

This is the third edition of a work which has won a world wide reputation. Few books ever attain the recognition that this one by Osler has attained; few are so universally conceded to be the best and most authoritative in their particular subject. Therefore, although it has lost no prestige it is fitting that its author should not let it fall behind the many recent developments of scientific medicine.

In the revision of his work, Osler has shown the same sterling qualities that made the book famous in the first place. "Practical ideas for the practitioner and student" seems to have been his motto, and if there is any one feature above another that commends the books, it is the demonstration of sound practical knowledge throughout. By this statement no one should form the impression that the theories of medicine are slighted or omitted, for such is not the case.

But we do desire to emphasize the fact that the book is grounded first and foremost on the information gained from actual experience. Further than this the author's great familiarity with medical literature aids him in discriminating the important from the unimportant and consequently the reader is not presented with a mass of opinions which have no actual worth.

The diction of the work is clear and simple and the author has a plain comprehensive way of expressing himself that cannot help but be impressive. His consideration of each disease it exhaustive, but not voluminous, and no space is filled with useless explanations or ideas. Careful selection of facts is evident throughout and in several particulars where other writers would yield to the temptation to express their views, however theoretical, Osler has demonstrated his desire to shun the unnecessary and uncertain.

The author is thoroughly a physician but we are pleased to note that he gives credit to surgery in every instance wherever such credit is due. His remarks on appendicitis might be quoted as illustrating this statement.

The book is considerably larger than the former editions and we observe in addition to much new matter, that nearly thirty-five articles have been revised and wholly re-written. It is printed on fine paper and bound in a neat attractive manner. It can truly be said that Osler's Practice of Medicine is one of the giants of medical literature and all should unite in praising the ability, knowledge and talent of the man who is responsible for its existence.

Publisher's Department.

BENT CREEK, APPOMATOX COUNTY, Va., Aug. 31, 1898.

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To the Imperial Granum Co., New Haven, Conn., —— ——, M. D.

The Sensible Treatment of La Grippe and Its Winter Sequelæ.—The following suggestions for the treatment of la grippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patients usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give a five grain Antikamia Tablet, crushed, taken with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single ten grain dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness or nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are Antikamnia and Quinine Tablets, each containing 2½ grains Antikamnia and 2½ grains Quinine. One tablet three or four time a day, will usually answer every purpose until

health is restored. Dr. C. A. Bryce, Editor of *The Southern Clinic* has found much benefit to result from five grain Antikamnia and Salol Tablets in the stages of pyrexia and muscular painfulness, and Antikamnia and Codeine Tablets are suggested for the relief of all neuroses of the larynx, bronichial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

The External Use of Salicylic Acid.—A point of much importance has been overlooked in the use of salicylates in the treatment of rheumatic and neuralgic conditions is the external application of the remedy. The efficacy of this proceedure is at once apparent to the practical and progressive physician, since thereby he can apply the drug directly to the part affected, so that the greatest quantity is absorbed where it is most needed. Furthermore by this method the disturbing effects of internal medication upon an irritable stomach and sensitive nerves can be entirely avoided.

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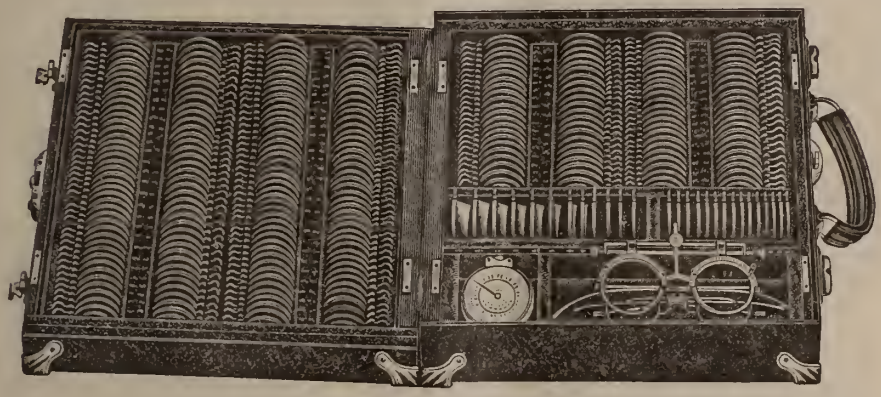
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The

Vermont Medical Monthly

Vol. IV. November, 1898. No. 11.

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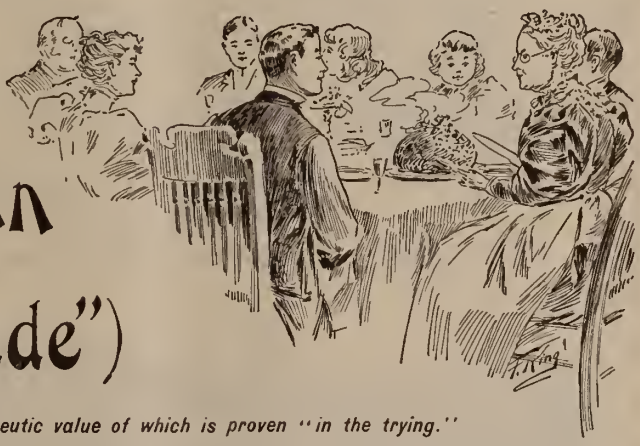
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Slowly dissolve Tablet upon the tongue.

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Try it per rectum, when the stomach is entirely unavailable or inadequate.

Try it by ***subcutaneous*** injection, when collapse calls for instantaneous blood supply—so much better than blood-*dilution!*

Try it on ***Chronic Ulceration,*** in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality.*

Try it in ***Chronic Catarrhal*** Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch's); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovinine.

Try it on the ***Diphtheritic Membrane*** itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

Try it on ***anything,*** except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

Try it on the ***patient*** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

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on the market. It also contains the hypophosphites and glycerine.

We use the whole oil because

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These are some of the reasons why we ask for the continuance of the generous support that the medical profession has given us for the past quarter of a century.

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The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society.

Vol. IV. *NOVEMBER*, 1898. No. 11

Electricity in Gynecology.*

By L. H. Gillette, M. D., Wilmington, Vt.

Mr. President, Members of the Vermont State Medical Society:

I assure you that I approach this subject with a great deal of diffidence, as I am conscious of my inability to handle it in a manner that so important a matter deserves, and lest I fail to convey to you the same degree of interest and enthusiasm with which I am possessed.

It must be apparent to every practitioner of medicine that our routine methods of treating the diseases of the female pelvic organs are often slow in action and are frequently negative, as regards cure; and, exceptionally true when requisite precautions are used, carry with them considerable risk to the patient.

What we seek is an adjuvant method which will yield speedier results and more permanent, if not always lasting ones.

The systematic use of electricity in affections peculiar to women had its inception in the labors of Tripier, who, as far back as 1859, began a series of publications that show the most profound study of the value of electricity in the trophic and mechanical lesions of the uterus and other pelvic organs. But it remained for Apostoli to successfully attract the attention of specialists in gynecology by his persistent advocacy of the value of scien-

*Read before the 85th annual meeting of the Vermont State Medical Society.

tifically applied currents in the treatment of fibroid tumors of the uterus.

This invasion into what had been considered as an exclusively surgical field received many bitter criticisms from the defenders of the faith that had laid aside all else in gynecology but the knife. In England and America the discussions have been numerous, and doubtless many extravagant claims appear on both sides, but as a result it may be said that electricity has been rescued from its exclusive use as a means of diagnosis in hands of neurologists, and won for itself an important place in the curative therapeutics of gynecology.

The intimate connection between electricity and physiologic and pathologic processes has been admirably portrayed by Professor Dolbear of Tufts college, in a paper read before the American Electro-Therapeutic Association at its meeting in Boston in 1896. He deprecated all allusion to electricity as a force external to matter, and independent of it. Electricity, light, heat and chemic action are inherent properties of matter, electricity being the rotatory property, light the vibratory property of atoms, etc. They are but manipulations of atomic energy, and are continually present in the interchanges of atoms in the molecular activities incident to life; the higher the form of tissue the greater the amount of energy absorbed in cellular activities.

The factors of physiologic phenomena are the kinds of matter found in inorganic things, and the kinds of motion and energy which give the kinds of matter their characteristic properties. The phenomena exhibited with these factors depends upon the inherent qualities of the atoms themselves, and it is certain that the old notions concerning their possibilities must be profoundly changed, for the old is altogether inadequate, and no one to-day knows enough to say what matter cannot do, for such one makes ignorance do duty for knowledge.

What can be strongly stated is that the variable factors are heat and electricity, for these determine the chemic reactions in the body as well as out of it.

For a long time heat was the only physical factor employed for chemic purposes in inorganic processes. Lately electricity has been utilized, and has made possible many reactions which were either impossible or required a long time to effect, such as the reduction of alumina, the tanning of leather, making of potassium, chlorate and sodium carbonate.

Is it not altogether probable that the selective chemistry of tissues of all kinds is to be helped in like manner, by employing the same agent, and that only present lack of knowledge prevents its successful use in promoting normal physiologic processes and destroying abnormal ones.

Anthropologists are telling us that there are few, if any individuals of any race that are thoroughly sound, all are in a more or less diseased condition. That means the cellular structure does not distribute to the physiologic structure the proper amount of physical energy needed. The trouble is with the cells, not with the organ and the trouble with the cell is instability, due to lack of available energy, ultimately electric.

If there be any truth in what seems to be implied in all molecular structure, for every atom has its electro-chemic equivalent or electric energy which is disposed of in this way or that, as it is held more or less stable in its molecule.

This extract from Prof. Dolbear's paper gives the true basis of the medicinal value of electricity.

In brief, it may be said, that by its use we have a means of altering at will, the molecular activities, the selective chemistry of both superficial and deep seated parts of the body, and this is done not by the addition of a foreign substance or even a foreign force to the body, but by a simple alteration of its cellular activity on which all organic functions depend.

Again, theoretically, every organ and tissue of the human organism is, in health, under the perfect control of the nervous system. If there be an abnormal condition, we lose the perfect nerve balance, if there is inflammation there is an excited condition of the nerves, manifested by the hyperasthetic condition of

the affected part; if there is a relaxation of tissues, there is a depressed condition of the nerve controlling the part, manifested by loss of sensibility, tending to neuralgia and flabbiness. Now if we have an agent that will control the cellular activity and the molecular stability can we not control the organ?

That the value of electricity in gynecology is imperfectly understood, is but too true. It is by no means within the province of electro-gynecology to displace the really necessary work accomplished by modern aseptic surgery, and it should not become the hobby of any physician to the neglect of other remedial measures that will be beneficial to the patient.

I believe many women have been operated upon that might have been cured by more conservative measures, without sacrificing an organ or mutilating in any manner. In a country practice we find many cases that properly come under the domain of surgery, where an operation is positively refused. I believe our duty in those cases is to give them all the relief we can by the method that promises the most permanent results.

In the country we have an opposition to surgical measures that seems hardly possible in this enlightened age. Everything is gauged by the standard of thirty-five years ago, when antiseptics were practically unknown.

Let us look for a moment at the difference in currents and polar action. The positive pole is capable of diffusing medicaments, drying, depleting, hemostatic and sedative action, the negative pole is congesting, and therefore a quickener of absorption, increases moisture and drainage, dilates canals, produces most destruction in electrolytic concentration and is the most stimulating. The difference between the currents used in medicine.

The medical designation of the galvanic current is the simple direct current of electrical energy and would require no other designation were it not for the other forms of currents used in medicine that differ greatly in quality and effect.

The Galvanic, Faradic and Franklinic are widely different

remedies in medicine, though they are all electrical currents and convertable into each other by varying the mode of construction or operation of the generators that produce them, that is it is possible to do so, but usually inconvenient.

The Edison current dynamo is, however, practically a Faradic machine, so constructed as to give a galvanic current.

The difference in these currents depends upon the proportions of pressure and volume they possess, and whether they are direct or alternating, continuously flowing or a discontinuous series of inductions. Galvanic currents have a pressure varying from 1 to 110 volts or more, according to the number of cells used, and a volume of from 1 to 500 milliamperes or more, and are direct and continuously flowing unless specially interrupted.

Faradic currents have a pressure of from 50 to 300 volts, according to the coil and core used, and a volume of a small fraction of a milliampere, probably from 1-10 to 1-1000; they are discontinuous and usually alternating, and each current throb is of extremely short duration.

Franklinic or static currents have a pressure of about 60,000 volts or more, but the volume is probably below the millionth part of a milliampere.

We are now ready to consider why electric currents should become important factors in gynecology. If properly applied, they cover—

1st. Contraction of muscular fibre, thereby diminishing the caliber of the blood vessels and relieving congestion.

2d. They cause sedative effects of the nerves in the interpolar region, giving relief to pain.

3d. Tonic action, whereby the available energies of the cells are increased and are able to contribute more largely to the physiologic situation of the organs.

4th. A most efficient hemostatic and germicide from the fluids released in electrolytic action.

5th. Alterative action whereby effusions and adhesions are more quickly broken down and absorbed.

6th. A cautery that is absolutely under the control of the operator.

7th. The applications can be made without an assistant, and are painless or so nearly so that we do not require anæsthetics.

The following cases are taken promiscuously from my case book. Unfortunately I did not keep an exact record of number of applications made to the vagina or the uterus, therefore the reports are unsatisfactory:

Case 1. November 14, 1896, Mrs. D., aged 23 years. Married four years; gave history of a miscarriage in August, since which time she has had very painful menstruations; intermenstrual pain in back and ovarian regions; heavy dragging sensation through the pelvis; loss of flesh and strength.

Examination showed uterus enlarged, very tender; tenderness over both ovaries; no leucorrhœa.

Treatment: Faradization, positive pole in vagina, negative over ovaries. Applications every third day. Results: relief of pain from first application; perfect cure in four weeks. This patient rode six miles for each treatment. Remains well at present time.

Case 2. Mrs. B., aged 38 years; called in November, '96. Gave history of loss of strength and nerve energy beginning three weeks after birth of last child eleven years ago; occasional sharp pains in pelvis; stomach normal; liver torpid; kidneys normal; bowels constipated. Examination showed uterus enlarged, prolapsed, and bound down by adhesive inflammation; right tube size of little finger.

This patient had been to the Mary Fletcher Hospital; they sent her away with the cheering news that there was no help except to remove uterus and ovaries.

Treatment: Faradization, negative pole in vagina, positive pole over right ovary. There was an improvement in general health, but no particular change in local conditions until May, '97, when I used galvanic current, negative in vagina, positive

over ovaries. Applications every third day. In four months time the uterus was of normal size and could be placed in position with very little effort; right tube a little enlarged. This patient occasionally takes one or two Faradic applications, and keeps in good health.

Case 3. Mrs. W., aged 25 years. Married five years, came to me from a neighboring town, March 1, '98; gave a typical history of menorrhagia and endomeritis since puberty, worse since birth of only child, two and one-half years ago.

Examination showed uterus enlarged anteflexed. Tenderness extreme also on both ovaries, profuse leucorrhœa, pain was constant, and during the period was intense, radiating through abdomen, back, thighs, with occasional attacks of fainting and general neurotic condition.

Treatment, Faradization, position pole in vagina, negative over ovaries. Applications every second day for five weeks, when she returned home free from all pain, uterus normal in size and position. Menstruation free and easy, improvement in general health, remains well at present time.

Case 4. Miss T., aged 18, came to me September 19, with plain case of granular vaginitis. Treatment, Faradization positive pole in vagina; applications once each week; whole number, four; results perfect cure.

Case 5. Mrs. C., aged 24 years. Married three years, no children; came to me from neighboring town, March 2, '98. History of menorrhagia since age of 16; profuse leucorrhœa since that time until November '97, when she was curretted for cure of same. Since the operation she has had constant pain through pelvis and back. Menstrual pain worse than before, flow scanty and very offensive, unable to walk only short distance.

Examination showed uterus small, retroflexed, very tender, right ovary in cul de sac, left ovary partially prolapsed, both enlarged and very sensitive.

Treatment, Faradization positive pole in vagina, negative over ovarian region. Applications three times weekly, at end of fourth week she was obliged to go home. Results: Uterus straight, free from pain, flow more free and easy, left ovary in normal position, and right one nearly so.

Have not heard from this case since July, when she remained well as when she left. I do not consider this case cured, but am satisfied that had she stayed three weeks longer there would have been a complete and permanent cure.

I regret that my reported cases are not more definite, but am satisfied that the results have been far better than they would have been by any other treatment. These cases, with the exception of case 4, have had no medicine, except for the relief of constipation. Case 4 had medicine to increase the blood supply, also antiseptic douche.

Ipecac.—A new use for Ipecacuanha, namely as a remedy against the irritating effects of mosquito bites is lately announced in the *Lancet*.

The wine or an aqueous preparation applied to the affected spot is said to quickly counteract the often painful effects of the poison.

The remarkable result of the external application of this drug, the powdered extract incorporated with lanolin, in carbuncle and maglignant pustule is not generally known in this country, though in England in the former disease it has been largely used of late years. The best effects are obtained by first blistering the affected area to remove the skin, and then applying the ointment on a soft dressing.

In Australia where woolgrower's disease is comparatively common the ipecac treatment is well known. While early excision of the infected tis sue and the necessary constitutional treatment have often proved successful, the record of 52 recoveries out of 64 cases of this dangerous disease treated in the above-named manner is worth remembering.

Antisepsis.

By James McD. Massie, M. D. St. Louis.

Modern treatment of disease is the outgrowth of modern research and clinical demonstration. Asepsis and antisepsis are the basic principles underlying the whole fabric of modern therapy, and they are the logical outcome of the "germ theory" of disease; but there are two questions relating to this theory of disease, which we may very properly ask. Why is there scepticism among some members of the profession and a steadfast faith among others? We answer the first question by stating that many people will reject the *whole* of any proposition that is *partly* true and *partly* false. They reject the whole of the germ theory because there is much claimed for it which is not true. To answer the second question it is only necessary to glance at some of the facts presented in its history. While bacteriology as a science is new and undeveloped, its starting point dates back to an early period in the present century. At that time Appert published a paper upon the art of preserving animal and vegetable substances, by placing them in stoppered bottles and exposing these to the temperature of boiling water. Guy Lussac discovered that as soon as these bottles were opened, especially if exposed to the air, their contents began to ferment. This led to the study of alcoholic fermentation. He found that oxygen was an indispensable factor in the process. About thirty years later, Schwann, by means of the microscope discovered in fermenting substances, innumerable minute bodies which possessed the faculty of reproduction and were present in the juices undergoing fermentation, but otherwise absent. He therefore concluded they were the exciting cause. He also found that if the air previously heated, was allowed to come in contact with the fluids of sealed vessels, no change resulted. This established the fact that

it was something else than the air which caused fermentation. This discovery of Schwann's was later confirmed by Helmholtz. In 1854 Schraeder and Dusch demonstrated that air filtered through cotton-wool, would prevent the fermentation of boiled fluids when it had access to them. This test showed that the process of filtration deprived the air of fermentation. Pasteur subsequently confirmed this observation. In 1870, Tyndall observed the presence of myriads of particles in the air which, by demonstration, he showed effected unfavorable changes in organic substances. Pasteur, Tyndall and Lister now showed that heat as well as filtration would render these minute bodies innocuous. This discovery led to the sterilization of water and organic substances by boiling. Thus before bacteriology became a science, it was shown that these minute bodies, now known as bacteria, were the agents of fermentation and putrefactive changes, and were present in nearly every substance known to man. Fermentation and putrefaction, therefore were the starting points from which the science of bacteriology emanated and when these processes were understood it only remained to connect them with disease in the human body. This was gradually accomplished first, by experiments on the lower animals and later on human beings. It was soon demonstrated that the nature of the infectious disease is one of fermentative and putrefactive changes in the fluids and tissues of the human body, similar to the changes produced in saccharine fluids by the yeast-plant. The connection of these processes with disease up to this time is chiefly limited to the zymotic or infectious forms but their scope is constantly enlarging and where it will end, is a question that cannot now be determined.

From the foregoing statements, it has been shown how putrefactive changes are brought about in organic substances outside of the human body. It has also been shown how these changes can be arrested or prevented. It now remains to be shown how similar putrefactive processes in the human body can be arrested or prevented. This task was first undertaken and accomplished

by the celebrated Joseph Lister, and he may justly be honored with the title of "Father of Antisepticism." The antiseptic era abolished pus in surgery, and eliminated from the pathology of disease many of its most potent factors. He taught the necessity of antiseptic precautions in all surgical procedures and possibly, went too far in the details of its application. He believed the air was a prolific source of germ infection, and this belief led to the use of medicated sprays and the dissemination of carbolic acid vapors throughout the air of the operating room. These practices were later found unnecessary and at times injurious to the welfare of the patient and were mostly abandoned. Lawson Tait opposed the adoption of all the paraphernalia and complicated equipments of Listerism, and proclaimed the doctrine of asepticism or "soap and water" as a substitute. He believes it is better to prevent the access of germs to the body, than to try to destroy them after they have invaded it. However, Lister's pioneer work proved of incalculable service to those who followed him and modified his teachings. After having applied the principles enunciated by Lister to surgical practice, progressive thinkers directed their attention to the study of germs in their relation to disease, and the use of the antiseptics for internal treatment. Experimental research has now reached that point where the whole human family begin to appreciate its benefits. Disease hitherto incurable now yields to the new and improved methods of therapy. As might be expected in any new discovery there is a wide difference of opinion in the medical profession concerning the pathogenicity of micro-organisms and their proper classification. It is no longer a matter of doubt that some of them produce disease and some are innocuous, but to draw a line between the varieties and assign to each its special activity, is a difficult task. If this is the case with reference to the relation of germs to disease, it would naturally also be so in matters pertaining to the treatment of this class of diseases. The advocates of antiseptic therapy are divided into three classes: 1st, those who have adopted the method of serum therapy;

2nd, animal therapy; 3rd, vegetable and mineral therapy. These different methods are now legitimate subjects for examination. First, what is claimed for them and what the grounds on which such claims are based.

Serum therapy rests upon its alleged power of immunization. How it exerts this power is still a question which belongs to the domain of speculation. Antitoxins do not destroy germs nor preclude their growth, but are supposed to prevent their pathogenesis by neutralizing their toxicity, or in other words, they enable the body cells to endure the injury. Some observers believe that the injection of the serum, in every instance, increases leucocytosis, thereby increasing the army of phagocytes for defensive purposes. Be this as it may, serum, as a therapeutic resource has achieved results which entitle it to a prominent place among the equipments of the progressive physician. The objections to its use are, that it has failed to justify the extravagant claims of its champions, and its inconvenience in application in general practice. The latter objection is not without force.

In the first place there is no fixed stability in most of the manufactured products, and they will keep only for a certain length of time. They must be kept at a certain temperature, or they will lose their activity. They are sometimes combined with antiseptics in the process of manufacture, this accounts often for their toxic effects. Their successful results depend upon judicious administration, which requires familiarity with all the details of their application. Serum is a specific only for the disease or toxin for which it is intended. This disease or its germ cannot often be duly ascertained by means of the microscope, and its use involves delay in treatment, and requires training which many physicians have not had the opportunity of acquiring. Even under the most favorable conditions, diagnosis is uncertain. Again, we may have mixed forms of diseases which the serum would fail to reach. All of the above and many other drawbacks are in the way of its adoption in general practice. There is much

evidence of a trustworthy character in favor of serum treatment, but there is so much indefiniteness connected with its composition and applicability to the treatment of grave diseases that it cannot be relied upon as a sole method of therapy.

Animal therapy, or the resort to animal substances in the treatment of zymotic diseases, is supposed to rest on a physiological basis 1st, it should antagonize pathogenic germs; 2d, it should distribute to its formal destination, nutritive material; 3rd, it should stimulate physiological processes. The evidence in favor of this theory is not conclusive. Nucleins, extracts of bone marrow, and the spleen, "cardine," "cerebrine," "elixir of testicles," extracts of the ductless glands such as the thyroid body, the supra-renal capsules, thymus glands, etc., have lately been pushed to the front with the greatest commercial activity, but the diseases in which they have been used with any success are limited to very few, and even in these cases clinical reports are contradictory. There is every reason to believe most of the therapeutic effects claimed for this method, are due to psychical impressions. It is more than probable that animal therapy would never have reached more than a passing notice from the medical profession had it not been for the prominent standing in the profession of those who indorsed it. How these substances prove remedial in medicine, it is difficult to explain. That the extract of brain should exert an influence on the brain, or that the extract of testicle should exert an influence over the sexual functions, is too absurd to be considered by any man of common sense. The only way that organic substances can antagonize disease is by increasing in the body the powers of resistance to disease. This, however, is not the main action claimed for animal therapy. The theory set forth by the holders of this belief is, that every organ selects something from the blood which it needs, and thereby leaves the blood more pure and freer from substances which might injure other organs. This theory furnishes an inadequate foundation for such a pretentious plan of treatment to rest on. It must have broader claims for a basis, and must show better clinical results

than have been recorded, before it can meet with general acceptance.

Vegetable and mineral therapy next claim our attention. There is no new fashion or fad in medicine. It reaches back to the early dawn of medical science, and has grown, side by side, with the growth of medicine. Vegetable and mineral substances are indispensable to the body in health. Why should they not exert a corrective influence on the body in disease? These substances supply all the tissues of the body with the material necessary to maintain health. When the organs deviate from normal, healthy conditions, why may we not utilize these same substances in a modified form, to restore these organs to a healthy condition? If we turn to our elaborate works Materia Medica and Therapeutics, we find hundreds of pages devoted to a description of the therapeutic properties and uses of thousands of these vegetable and mineral substances, and perhaps a bare allusion to antitoxin serum of animal drugs. The physician in his daily rounds among the sick prescribes these standard drugs because they possess a definite composition and produce definite therapeutic effects. He gets uniform results. His patients recover their health. His successes, however, are not paraded before the public under flaming head-lines in the daily press. But let a sensasionalist effect a cure with some new fad and the people will go wild with excitement, then the fake doctor is on the high road to fame. Very many of the drugs classes as tonics, antiperiodics, diuretics, purgatives, etc., are really *antiseptics*, for the reason that they antagonize the processes of fermentation and putrefaction, which are now known to be common causes of disease. The extensive class of diseases of a suppurative type produced by the staphylococcus and streptococcus are amenable to treatment by the above mentioned drugs as well as those of a more directly antiseptic character. Viewed from a practical standpoint these diseases of definitely ascertained bacteriological origin, are the most important that have yet been connected with germ pathology, including, as they do, furuncles, carbuncles, abscesses, erysip-

elas, puerperal septicæmia, diphtheria, scarlatina, bronchitis, broncho-pneumonia, septic wounds, gangrene, otitis, salpingitis, appendicitis, and many others not necessary to mention. In these diseases other germs may be found, but the pus microbes, above named, are the overshadowing pathogenic factors. In their treatment we are confronted with conflicting theories relating to germ pathogenesis and the defensive resources of the infected organism. We are placed in the attitude of a court of inquiry. We must weigh all the evidence submitted by trustworthy clinicians and then formulate our methods of procedure. Bacteria act on the animal organism by abstracting from the body-cells oxygen and nitrogen which they appropriate to themselves; furthermore, they furnish secretions and excretions which act injuriously upon these cells. It is these toxic principles that inflict the greatest damage. The microbe may be weak in toxin producing power or the resistance of the cells may be so great as to successfully antagonize the toxin and defend the system against its injurious influence. This illustrates the principle of immunity in disease, which should determine the line of correct therapy to be pursued. Immunity may exist in the body normally or be artificially established. Where the cells are already provided with the proper weapons of defense the system is fortified against microbic invasion and does not need extraneous aid, but otherwise we must come to its support with the best means at our command. The particular chemical agencies we are to select will depend upon the accuracy of our judgment in each case to be treated. We have innumerable resources, and it is our duty to make a judicious choice. If, as is generally believed, an antitoxin is not derived from a toxin, but that the toxin stimulates the body-cells to secrete the antitoxin, may not these body-cells be stimulated by vegetable and mineral substances, to secrete alexins for defensive purposes? If so, is it advisable to use these substances separately on their ascertained merit, or resort to a combination with a view or increasing their therapeutic effects?

The science of pharmacy answers this question by produc-

ing synthetical preparations, which exert a combined influence on the system otherwise not so readil accomplished. For example, we may find a pathologicaly condition in which there are indications for the use of arsenic, strychnine, iron and quinine. We are at a loss to know how to administer them, so as to secure the best effects with the least disagreeable consequences to the patient. The pharmacist solves the problem by combining them in a tablet form, which is convenient to take and at the same time secures the highest degree of efficiency for each ingredient. The object to keep in view, when we make our choice of antiseptics, is to secure those which possess these attributes in the highest degree with the greatest exemption from noxious tendencies towards any functions of the organisms. Besides it is desirable to have associated with the antiseptic qualities, other elements which will stimulate nutrition and promote constructive metabolism by means of which the inhibitory powers of the body-cells are increased. It is not always an easy task to obtain in suitable form the medicinal combination calculated to fulfill all the requirements of therapy in zymotic diseases. A strictly ethical and scientific preparation manufactured by the Maltbil Chemical Co., of Buffalo, N. Y., under the designation of "Viskolein" has given me far better results and approaches nearer to a specific in septic and pyæmic disorders than anything I have yet found. Its antiseptic, stimulating, and vitalizing effects in all forms of septic poisoning do not seem to be limited to the well known therapeutic action of its different ingredients, but exert a restorative influence on the vital energies of the system in a way which cannot be explained, but nevertheless, is confirmed by clinical results. This valuable pharmaceutical preparation is composed of Kola and carbolized sulpho-borate of zinc with menthol and thymol. It is prepared in the form of tablets, capsules and solution, to be used hypodermically or per orem. I first discovered its value in a case of typhoid fever in which the outlook appeared doubtful although the patient, a male, had been skillfully treated by the usual methods. His temperature went

to 105° and remained at that point for over two days with only slight evening remissions. His pulse was, during this time about 120° ; cerebral disturbances, with threatening pulmonary congestion indicated profound blood-poisoning. At this stage of the fever, being the seventh day, I commenced the use of Viskolein which consists of tablets marked No. 1, capsules No. 2, and solution, No. 3. I administered ten drops of the solution diluted with ten drops of sterilized water hypodermically in the lumbar region, in the morning and repeated it twelve hours later. I also gave by the mouth a tablet and capsule every four hours. No other medicine was given. I ordered a milk diet diluted with cold water. In twenty-four hours the pulse was 110°, temperature 103°. I now repeated the injection with tablets and capsules. On the morning of the third day the pulse was 105°, temperature 101°. The tongue was moist, the redness and glossy appearance were diminished, cerebral excitement had abated, respiration was normal, pulmonary congestion relieved, tympanitis previously marked had disappeared. Continued treatment ; diet beef tea and milk. On the morning of the fourth day pulse was 90°, temperature 99°. All the symptoms were improved, 5th day pulse and temperature normal. I now omitted injection and gave only one capsule without the tablet, every four hours. The patient went on to complete recovery without the least interruption. This being a septic disease due to a germ infection, it could only have been aborted by the prompt action of the medicine on the germs and their ptomaines. The encouraging results of this test of Viskolein induced me to try it shortly afterwards in a case of scarlet fever. The gravity of this case was indicated by the first symptoms, persistent vomiting, due to the irritating impression of the virus on the medulla. Temperature 106°, a quick feeble pulse, intense headache, feeble capillary circulation ; dusky skin, inflammation of the lymphatic glands and connective tissue of the neck. I commenced treatment by hypodermic injection of ten drops of the solution in same quantity of boiled water, morning and night, and gave a capsule every three hours.

A gargle of boracic acid and water was freely used and nourishing drinks ordered. Improvement was noted after the first twenty-four hours, and continued daily under the treatment. The temperature declined rapidly and continued normal, and the pulse became slower and stronger, the color changed from dusky to a bright red, the injected fauces, inflamed tonsils and swollen glands rapidly assumed a normal appearance and the patient made an uninterrupted recovery.

The next case in which Viskolein was tested, was an obstinate eruption of the skin known as furunculosis. Crop after crop of boils appeared on various parts of the body of a male patient aged 45 I had resorted to the usual saline aperients, tonics and alteratives without the least benefit, and concluded to try the remedy which had been so successful in the cases mentioned. I omitted the injection in this case and gave only the tablets and capsules, one of each every four hours. The effect was magical. Improvement was so rapid during the first two days that I omitted the tablets at the end of that short period and gave only a capsule at the same interval of four hours. In six days the patient was discharged.

I have now used Viskolein with the most satisfactory results in erysipelas, secondary poisoning from vaccination, carbuncle, impetigo, ecthyma, septic poisoning in wounds and traumatisms of various kinds. While in some cases the results were not as prompt as in others, I have never known it to fail in a single instance where it was judiciously employed.

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EDITORIAL.

An Unjust Decision.

We have observed in one of our exchanges that the New York Courts have recently given a decision to the effect that a medical man convicted of a felony in New York State cannot again practice his profession in that state. The justice of such a decision is very obscure, for when a man has expiated any criminal act of which he may be guilty by serving the term of imprisonment prescribed by law and is permitted to again mingle with his fellowmen, it is certainly his right and privilege to engage in any occupation he may choose.

His crime has been punished by an imprisonment which the law defines as approximately commensurate with the gravity of his offense, and the fact of his being given his liberty is prima facie evidence that law and justice are satisfied. For any court of law to prohibit that man from following whatever vocation he may be fitted for is equivalent to punishing him twice for the same offence and consequently a manifest injustice.

Furthermore, it is a trespass on the inalienable right of all men to seek their subsistence by whatever method they choose, provided such method does not endanger the life, limb or property of their fellowmen. Society undeniably has the right to insure such safety of life, limb and property by precautions similar to those used to determine and regulate the qualifications of all persons desiring to enter a profession, particularly when incapacity in the pursuit of that profession is fraught with special danger, as is that of medicine.

But to restrain a man from following the calling for which he has qualified himself by years of study simply because he has served a penal term at State's Prison, is a wrong and an abridgment of human right which cannot fail to raise the indignation of every just person.

We have every desire to see men who are above reproach enter the medical profession. If there is a calling on earth that requires men of higher attributes or nobler character, we would like to know it. But a man who has served his term of imprisonment and is given his liberty, is beginning a new career. Society can make him prove his qualifications by the most rigid examination, but if he shows himself capable, every sentiment of charity and justice requires that he be given a chance to work out his future destiny as he sees fit.

One fall in the race of life does not necessarily keep a runner from winning out before his course is ended.

The Common Mysteries of Life and Death.

What a strange mysterious thing life is, after all! What a mixture of certainty and uncertainty, knowledge and doubt is constantly encountered by one who comes in contact with its manifold phases!

Take for instance the birth of a child. We observe the mechanism of labor and Nature's wonderful provision for that interesting event; we watch the evolution of mechanical principles as accurate and definite as those embodied in the most complex and wonderful machinery ever invented; and shortly we see a new individual literally pushed out into the world. Few ever stop to think of this marvelous function which forms so important a part of female existence. To the average person it is only a matter-of-fact coincidence since obstetricans tell us that labor is purely a mechanical process following an inherent uterine power of expelling a foreign body. But back of the power and back of the process there is a great unknowable, unfathomable something which marks the starting point—and that is life.

As is well known the birth of a child by no means marks the beginning of its life. Way back during the embryonic period of its mother's existence, a number of cells begin to develop in the future ovarian tissue. Changes too minute and complicated for human observation constantly take place in those cells, but they divide, subdivide and become invested with surrounding membranes until they ultimately become the female ova and the possible neuclei of other lives. What causes these changes? The physiologist will answer that it is karyokinesis and the phenomona following cell reproduction and growth. But back of the division of cells there is a moving influence, an invisible something which no microscope has ever shown—and that is life.

The ova of a female develop and at regular intervals during the reproductive age are prepared for the reception of

external elements, the male spermatozoa. One can fancy the cells of the ovarian stroma proudly sacrificing themselves for the final preparation and departure of their idol, the ovule, like members of a family whose united efforts and denials enable some loved one to go out into the world in search of fame and fortune. Many, alas, find the search a fruitless one and countless ova are doomed to uselessness. But some day an ovum prepared in the same way and travelling the same path as its predecessors is met by an expectant male element. Blindly obedient to the propelling force they rush together, a union takes place, their identity is immediately lost, and straightway a new being begins its existence. Then changes still more wonderful ensue. A mass of conglomerate matter is moulded into new form, a microscopic group of cells develop and arrange themselves into new tissues, and in due time after having grown many times their original size, a fetus the prototype of its parents is ready for individual existence. What causes these changes? Both the physiologist and the chemist have explanations for the phenomena following fecundation. We cannot doubt that the process is due to a physiologic function which cells have of dividing and arranging themselves histologically, nor can we question the statement that that function depends upon definite chemic changes which constantly take place in the atomic relations of a cell. But back of the function and back of the atom there is an unseen, indefinable, immeasureable force—and that is life.

We stand by the couch of a human being whose life is drawing to a close. The waters have reached their ebb, the tide is going out. The respiration grows slower, the heart beats weaker and weaker and an indescribable coldness steals over the form before us. There is a moment of suspense, a gasp or a sigh, then all is still. This is death.

What it is we do not know and our knowledge stops at the simple fact that that point is called death where life as we have learned to know it ceases forever. Listen or observe as we may,

we can only tell that a person is dead by noting the absence of those phenomena which have characterized the living being. Motion and bodily heat are the only immediate phenomena whose absence denotes death, and we certainly have no knowledge of the exact moment when they cease. Our knowledge of the changes which take place in the cells of our brain and enable us to think, are so little understood, that we have no means of knowing when thought actually stops in other beings. For aught we know or can demonstrate there may be other states of consciousness following the cessation of life. We do know, however, that there is a point where physical life becomes tangible and another one where the phenomena which characterize its presence are ended. But we must admit that there are changes at the beginning and at the end which no human eye has ever witnessed. The burden of proof points to the truth of the dictum, that all life springs from life, and that the theory of spontaneous generation is erroneous. If then life has no beginning who can say that it has an ending? If we search for a beginning we come to a point where our powers are arrested by limitations which we cannot overcome. We know full well that we have not found the starting point, that it is hidden from us forever. Have we any more reason, then, to believe that our powers of observation are more acute when we come to observe the ending of life! Certainly we have not, but because death is accompanied by such marked changes and is so sudden in its appreciation, the impression left on our finite minds is more definite.

The object of this article, obscure though it may be, is to refute the charge so frequently heard that medical men and scientists generally, are skeptics and unbelievers. No information in our possession to-day justifies unbelief or doubt in a continuation of life in some form, and in concluding we wish to emphasize this fact, that our knowledge concerning death is no more definite than that which we possess in regard to the beginning of life. We have no reason to doubt that there are marvelous happenings which transpire before the appreciable phe-

nomena of life begin, and it requires no superstitious fancy to honestly believe that there are just as marvelous changes after the phenomena of life have ceased.

Antitoxin Treatment of Pneumonia.—A. H. Smith (*American Journal of the Medical Sciences*, October, 1898,) believes that it is probable that the infection is not maintained through its whole course by the same microbes, but by a constant succession of fresh ones, the local process ceasing to extend when the supply of microbes terminates. Yet the production of an antitoxin would also appear to play a part in bringing about the crisis. Some ten years ago Netter rendered mice and rabbits immune against the pneumonic infection by injecting the fluid obtained from the dried spleen of infected animals. Later he employed with the same result pleuritic exudation containing pneumo-cocci and also pneumonic sputum. For immunized animals by means of an attenuated culture of the diplococcus. The Klemperer brothers rendered rabbits immune against this infection and cured dogs by using the serum of immunized animals. Man, unlike animals, is only slightly susceptible to the pneumo-coccus infection. The Klemperers injected themselves with the pneumo-coccus, and found that in small quantity no effect was produced, and with larger quantities only a local swelling appeared with passing febrile symptoms. The disease is grave in man, owing to the absorption of poisons from the local lesion. The immunity against the pneumo-coccus is only short-lived. Lara obtained encouraging results in treating ten cases of pneumonia with serum. Bozzolo also treated five cases with one death. De Renzi used the serum in ten severe cases, and all recovered. Wiesbecker treated five cases with serum obtained from convalescents, and always noted a remarkable improvement in the subjective symptoms. Washburn used in his case serum from an immunized pony, devising a special method of cultivation so that the microbes maintained their virulence for sixty-six days. Several cases have been treated with Washburn's serum, with favorable results.—*Charlotte Medical Journal.*

MEDICAL ABSTRACTS.

Phlegmasia Alba Dolens.—In phlebitis of the leg, from any cause, Da Costa (*Philadelphia Medical Journal*, Sept. 10th) is accustomed to wrap the whole limb in compresses of hot fluid extract of witch-hazel or of hot lead-water and laudanum. Laxatives are also given, and heart action is sustained by digitalis or kindred remedies. Absolute rest in bed and elevation of the limbs are essential. After the acute stage is over, if the swelling persists, gentle friction with belladonna or mercurial ointment or both combined may be carefully employed. Massage should be avoided until later, when it is useful for the persistent stiffness, lack of power and tendency to recurring swelling. At this period, likewise, the mechanical support of a bandage or a long elastic silk stocking is very advantageous.—*Denver Med. Times.*

Manganese in Dysmenorrhea—The black oxide of manganese in 3-grain doses, thrice daily for a considerable period, say three months, has cured dysmenorrhea. It seems to be most useful when the flow is preceded by pain, growing rapidly worse just as the flow appears, and which tapers off during the first day at about the end of which it ceases. Its action is upon the nerve centers, and, therefore, not to be given only in pale-faced women. It may be given in 5-grain doses, but it is the opinion of some who have used it that the smaller dose is as efficient as the larger one, and that the latter may, if long continued, cause some objectionable signs.—*The Medical Council.*

Pneumonia—In severe pneumonia, cocaine is an invaluable aid to strychnine; each every four hours, alternately, maintaining "an unintermittent steady therapeutic effect."

"I have proven by my experiments upon chloralized dogs that when the nearly paralyzed respiration is partially restored by doses of strychnine as massive as can be borne, cocaine is able to increase still further the respiratory movements without any interference with other functions of the body. In other words, cocaine and strychnine can well be used together in accordance with the theory of crossed action, that is for

the purpose of securing the reinforcement of the activity of one drug at the point where it is crossed by the activity of the other drug."—*H. C. Wood, Am. Med. Surg. Bull.*

Treatment of Tuberculosis of the Throat—In the treatment of tuberculosis of the throat, H. M. Thomas (*Jour. of Am. Med. Assn.*, Vol. XXX, No. 22) advises to combine constitutional with local measures. The treatment of the local lesions varies with their character, position, extent, accessibility, topical application, and influence on deglutition and respiration. Circumscribed thickenings with a non-broken surface may be treated with creosoted iodine in glycerine or menthol in solution of olive-oil. An ulcerated larynx can be relieved with an insufflation of iodoform in solution with sulphuric ether. Laryngeal secretion should be removed by direct application of alkaline sprays. When tuberculous ulcers are on the surface, lactic acid well rubbed in, with a 20 to 40 per cent. strength is valuable. When the resultant eschar falls, repeat the process until cicatrization is established. Where the mucous membrane is not broken, lactic acid, the writer believes, is negative, while 20 per cent. solutions of menthol in olive-oil injected into the larynx are efficacious. Cough due to ulceration, may be mitigated by insufflation of morphine in one-sixteenth to one-half grain strength. Submucous injections, 3 per cent. of cocaine hydrochlorate for pain ; orthoform is a valuable analgestic. Painful deglutition can sometimes be relieved by having the patient lie on his stomach, with head and arms over the bed, the feet being higher than the body. In this position water and nourishment can be siphoned through a tube reaching from a receptacle held below the mouth. Much temporary relief can be afforded by the inhalation of vaporized antiseptic oils, which, being carried directly to the abraded surfaces are deposited well over them, and through absorption and mechanical protection greatly allay many of the distressing symptoms attendant upon laryngeal tuberculosis.

The Use and Abuse of Digitalis.—Dr. J. F. Roscoe (*Louisville Medical Journal*, November, 1898,) deals with this subject as follows :

From reading the literature on the subject, as well as the association with my professional brethren, I have been constrained to believe that this potent agent is often too indiscriminately used under the impression of its being a heart tonic. That it is a heart tonic in properly selected cases none will deny. How, then, does it act as a heart tonic, and when is it indicated? If we examine into its physiological action we find it is an

arterial sedative. It slows the action of the heart. If, then, you have a heart beating too fast, say 100 to 120 per minute, and you slow it down to 80 or 90 it gives it a longer interval in which to recuperate, just as you slack the speed of a tired horse to let him rest. This is what digitalis will do for the heart. If, then, you have an accelerated pulse, give digitalis. If a too slow one, give strychnine. But remember they are both potent agents, and be certain you do not kill your patients with either. Remember we live in the days of fads, and that routinism is the curse of the age. —*Charlotte Medical Journal.*

Abortion due to Quinine.—Assistant Surgeon Balagapal (*Indian Medical Record*, October 1st) records the case of a woman about twenty-one years of age who, being in the third month of pregnancy, aborted after taking the fourth dose of a mixture containing two grains of quinine to the dose, which was prescribed for malarial remittent fever.

Wounds, Abscesses and Ulcers.—Undoubtedly the best prescription ever used as a local application to wounds, abscesses and ulcers, is equal parts of Listerine and Ecthol, applied freely. Ecthol should be given internally at the same time in teaspoonful doses, three or four times a day, to correct the tendency to blood dyscrasia. We have seen such wonderful results follow the use of the mixture of Listerine and Ecthol together with the internal use of Ecthol in gangrenous ulcerations, that we are sure that all physicians who once use the treatment will heartily thank us for calling their attention to the subject.—*Medical Brief*

The Closets on Trains.—Dr. R. S. Thornton (*Manitoba and West Canada Lancet*, October), in a paper on The Wind as a Factor in Spreading Infection, has the following sensible remarks and suggestion: "The second point concerns the public health authorities and has to do with the water-closets in use on the railway trains. These are, for the most part, open chutes down which the excreta are projected to the railway track. Many people with ambulatory typhoid, and patients in various stages of the disease *en route* to hospitals or home, use these closets, and thus typhoid stools are spread along the railway, ready for distribution by the wind all over the neighboring country. The same thing might happen were cholera ever to obtain a footing on this continent; but apart from the specific danger in such diseases the method is unhygienic and offensive. It should not be difficult to attach a box below the chute and adopt some modification of the earth closet, the excreta being removed and buried at divisional points along the line."—*New York Medical Journal.*

BOOK REVIEWS.

An American Text Book of the Diseases of Children.—Including Special Chapters on Essential Surgical Subjects; Orthopedics; Diseases of the Eye, Ear, Nose and Throat; Diseases of the Skin; and on the Diet, Hygiene and General Management of Children. By American Teachers. Edited by Louis Starr, M. D., Consultant Pediatrist to the Maternity Hospital, Philadelphia; Late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Assisted by Thomson S. Westcott, M. D., Instructor in Diseases of Children, University of Pennsylvania. Second Edition, Revised. In One Hundred Handsome Imperial Octavo Volume of 1244 pages. Price, Cloth, $7; Sheep or Half Morocco, $8. For Sale by Subscription. Philadelphia: W. B. Saunders, 925 Walnut St., 1898.

The American Text Book series have long been recognized as authorities in their various subjects and this particular volume on the diseases of children justifies the good opinion medical men have held for them in the past. This is the second revised edition and each division of the text is treated by a well known writer and pediatrist. Its subject matter is divided into an introduction and fourteen parts, each of which is further divided into chapters. The various parts, in their order, take up the consideration of, first, injuries incident to birth and diseases of the new born; second, the diathetic diseases; third, the infectious diseases; fourth, general diseases not infectious; fifth, diseases of the blood; sixth, diseases of the digestive organs; seventh, diseases of the nervous system; eighth, diseases of the respiratory system; ninth, diseases of the heart; tenth, diseases of the genito-urinary system; eleventh, orthopedics; twelfth, diseases of the skin; thirteenth, diseases of the ear; fourteenth, diseases of the eye.

The arrangement of the book is well adapted for easy reference and an unusually complete index of thirty-nine pages is an additional aid in this respect. We appreciate the value of this great work and unhesitatingly commend it to the general practitioner, for it is he who should be most familiar with children's diseases. It is amply illustrated and certainly well printed.

Essentials of Materica Medica, Therapeutics and Prescription Writing, arranged in the form of questions and answers, prepared especially for students of medicine by Henry Morris, M. D. Fifth edition, revised and enlarged; published 1897, by W. B. Saunders, 925 Walnut Street, Philadelphia, Pa. Price $1.

The fifth edition of this compendium is thoroughly up-to-date. The author has in a very concise, interesting and instructive manner, presented his subject, throwing out much matter that had grown valueless, and adding several new drugs and a quantity of new material. The old portion of the book which remains has been corrected and revised in a painstaking way and the dose of each drug and preparation is expressed in both the metric and apothecary systems.

The arrangement of the various drugs and their classes is excellent and the whole book, small though it is, will be found a most satisfactory manual of Materia Medica, Therapeutics and prescription writing. Students especially will find it of service, and as a means of preparing for examination, its use will unquestionably give satisfaction. Few if any of the smaller hand-books and compends, can compare with this one by Morris, for completeness, arrrangement and brevity.

A Primer of Psychology and Mental Disease for Use in Training Schools for Attendants and Nurses and in Medical Classes. By C. B. Burr, M. D., Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich.: Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association, etc. Second Edition, Thoroughly Revised. 5½x7¾ inches. Pages ix-116. Extra Cloth, $1 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia: 117 W. Forty-second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

This little book on the first rudiments of pyschology and diseases of the mind, is written in a brief, simple style that will certainly appeal to the beginner. The elucidation of the more or less intricate theories which always confront the student of psychology, are so clearly expressed throughout the text that they cannot help but be easily understood.

With all its simplicity the scientific value of the work is well maintained and short though it is, the book is a very comprehensive exposition of the subject. Its typographical appearance is attractive.

Publisher's Department.

Many saline laxatives and cathartic pills are contra indicated in the treatment of habitual constipation on account of their tendency to deplete the system too rapidly. Physicians frequently report a progressive inefficiency from their continued use. Doctors say that the more salts and pills one takes the more constipated the system becomes, while on the other hand one enjoys both the method and results when Syrup of Figs is taken; it is pleasant and refreshing to the taste and acts gently yet promptly on the kidneys, liver and bowels, cleansing the system effectually and overcomes habitual constipation permanently. The great trouble with all other purgatives and aperients is not that they fail to act, when a single dose is taken, but that they act too violently. Ladies and children enjoy the pleasant taste and gentle action of Syrup of Figs, find it delightful and beneficial whenever a laxative remedy is needed; for business men it is invaluable, as it may be taken without inconvenience and does not gripe nor nauseate.

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In general practice scarcely a day passes in which the physician is not consulted by nervous, hysterical or anaemic females, seeking relief for conditions superinduced by pelvic disorders. As a usual thing the direct cause

is remote and hence cannot readily be determined by the physician, who is, however, desirous of aiding the patient as promptly as possible.

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J. L. SMITH, M. D.,
Durand, Mich.

Management of Typhoid Fever.—Dr. S. Solis Cohen (*Pa. Med. Jour.*, July, 1898) outlines the treatment as follows :

The patient should have physical and mental rest.

We should regulate rather than interfere with the development of the course of affairs toward recovery ; danger of hemorrhage should be averted by precautions in diet.

We should avoid overburdening the digestion, yet we should nourish adequately.

We should keep the bowels clean and reduce sepsis, maintain the secretions, keep up the peripheral circulation, and do no useless drugging.

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the ability to preserve his equilibrium. To strike up the arm of the somnambulist would cause his fall; and to strike unnecessorily or violently at the temperature, the diarrhea, the cough of a patient with enteric fever may precipitate him from safety into the grave."

"Too great a fall of temperature after a bath is harmful. Pump-handle charts resembling septic fever are bad charts. A fall of one degree Centigrade is enough for a single bath."

A Rational Method of Relieving Asphyxia in the Newly-Born.—Dr. S. Stringer, of Brookville, Fla., gives the following method for treating an asphyxiated infant: If the child shows signs of asphyxiation do not cut the cord, but expose the maternal surface of the placenta as rapidly as possible to the open air. So long as the circulation keeps on through the cord, he says, you need not fear for the child's life, for it is a continuance of fetal life after birth, and will keep the child alive an indefinite time. As soon as respiration occurs, which in some instances has been delayed twenty-five minutes, the circulation is diverted from the placenta to the lungs, and pulsation in the cord ceases in a few seconds, when the child is to be separated from the placenta as in ordinary cases. The doctor concludes that, following this chain of reasoning, the best results only can result from the prompt delivery of the placenta in cases of placenta previa.

No Doctor's Bills in Sweden.—The doctors of Sweden never send bills to their patients. If you have occasion to call a physician, you will find him not only skillful in his profession, but a highly educated and honorable gentleman. You will also have a proof of the honesty of the Swedes and their friendly confidence in each other. What you pay your physician is left entirely to your own choice. The rich may pay him liberally, whether they have need of his services or not, if he has once been retained by them. The poor pay him a small sum, and the very poor pay him nothing. Yet he visits the poor as faithfully as he does the rich. A similar custom prevailed up to the middle of the present century in some of the most remote portions of the highlands of Scotland. There the doctor collected his entire year's bills on a certain market day in summer, getting perhaps £5 or £10 from the larger farmers, but only as many shillings from the poorer crofters.—*London Answers.*

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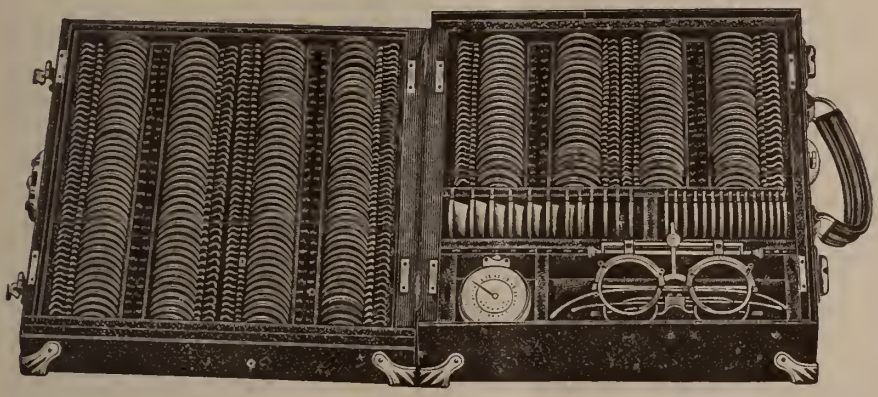
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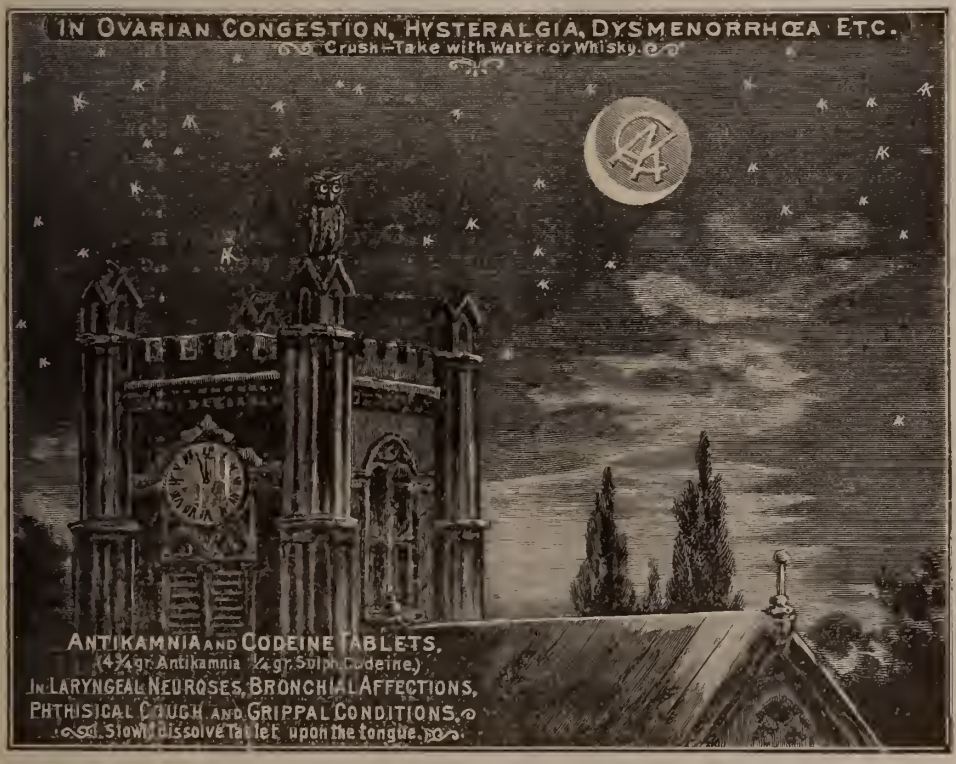
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Try it on ***anything,*** except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

Try it on the ***patient*** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

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The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society.

Vol. IV. *DECEMBER*, 1898. No. 12

The Curability and Treatment of Early Phthisis*.

By W. F. Hazelton, M. D., Syringfield, Vt.

Over a decade ago, while serving as interne in Bellevue Hospital, my attention was directed to some cases of pulmonary tuberculosis which had become cured, and which were being retained as servants about the hospital. The late Dr. Austin Flint was in the habit of showing these cases in his clinic as illustrations of what he termed the self-limitation of that disease. This was a revelation to me, as the possibility of curing consumption was contrary to all I had ever known of that disease. At the end of my term of service as interne I spent over a year in the Adirondack Mountains, and in Colorado, seeing many cases of phthisis in both regions, when I was again still more impressed by the considerable number of these sufferers who actually got well. Believing, then, that a certain number of cases of phthisis are susceptible of arrest and cure I have undertaken to bring together some of the observations which have been made during the past decade which tend to substantiate my belief.

*Read before the 85th annual meeting of the Vermont State Medical Society.

In 1889 Vibert, on examining the register of necropsies of the Paris Morgue, was struck by the fact that in one hundred and thirty-one (131) individuals of from twenty-five (25) to fifty-five (55) years of age, having all succumbed to violent or sudden death, it was noted that the existence of pulmonary tuberculosis was recognized in twenty-five (25); in seventeen (17) of whom the malady was in a cretaceous or fibroid state, i. e., of tubercle cured.

In 1890, Flick said were it not for auto-infection, most cases of tuberculosis (outside of the brain) would get well.

In 1892 A. L. Loomis presented to the American Climatological Association an analysis of forty-one (41) cases dead from non-tuberculous disease, in whom were traces of cured tuberculosis. In thirty-eight (38) cases the lungs showed a firm adhesion to the costal pleura. Section showed numbers of fibrous nodules scattered throughout the apices, continuous with adherent pleura. Cheesy or calcareous masses, were usually found in the center of these fibrous nodules. Six cases showed small closed cavities.

In a few instances linea cicatrices were observed as marking the site of closed cavities. In two instances the entire upper lobe of the lung formed a homogeneous fibrous mass. Histological examination showed a more or less completely organized fibrous tissue. This tissue had originated either by a small celled infiltration of the inter-lobular tissue of the alveolar walls or of the tissue about the vessels or bronchi; by contraction the occlusion of these was produced. Tubercle bacilli were found in one or two sections. The result of inoculation experiments varied.

Coats reports that in one hundred and thirty-one (131) autopsies performed within ten months twenty-eight (28) showed active tuberculosis; of the remaining one hundred and three (103) twenty-four (24) cases, or twenty-three per cent. (23 per cent.) showed evidence of healed tuberculosis.

Fowler, in an analysis of one thousand nine hundred and forty-three autopsies at the Middlesex Hospital, between 187?

and 1886 found one hundred and seventy-seven (177) or nine per cent. (9 per cent.) showed obsolete tubercle in the lung. Subsequent to this, out of four hundred and forty-five (445) consecutive autopsies forty-two (42) cases, or 9.4 per cent., are reported as showing retrograde tubercle.

Wolf reports after an interval of fifteen years that of patients suffering from marked tuberculosis who were discharged from Brehmer's famous institute at Goerbersdorf as cured eight per cent (8 %) can be considered as cured.

In 1893, H. P. Loomis analyzing eleven hundred and forty-six (1146) autopsies at Bellevue, reports: 1st. Out of seven hundred and sixty-three (763) dying of non-tuberculous diseases seventy-one (71) or over nine per cent (9 %) at some time in their lives had had phthisis from which they had recovered.

2nd. The new fibrous tissue by which the advance of the disease was apparently checked and the cure effected developed principally by round cell infiltration of the inter-lobular connective tissue which in some instances had increased to an enormous extent. Some of the new fibrous tissue was formed later by round cell infiltration in the alveolar walls and around the blood vessels and bronchi. Pleuritic fibrosis appears to be secondary to tubercular processes in the lung substance. The inter-lobular connective tissue is the primary and principal source of the fibrosis.

3rd. Tubercle bacilli were present in the healed areas in three out of twelve lungs examined. These healed areas did not differ in gross or microscopical appearance from those in which they were not found.

4th. Thirty-six per cent (36%) of all cases where the lungs were free from disease showed localized or general adhesions of the surface of the pleura.

Knopf in a recent address at the annual meeting of the Conference of State and Provincial Boards of Health of North America at Detroit, says: "The greatest chance of a predis-

posed individual being taken sick is between the age of puberty and thirty.

The chances of the disease becoming healed without ever having been discovered are between twenty (20) and twenty-five (25) per cent. I am in position to verify this percentage by statistics which I have compiled for my book on tuberculosis. Besides reviewing the vast literature on the subject I addressed three hundred (300) letters of inquiry to the leading pathologists of the world, and as a result I can say that out of every one hundred (100) autopsies made on people having died accidentally, or of disease other than tuberculosis, twenty (20) to twenty-five (25) showed evidence of healed tuberculous lesions, (citatrization or calcareous formation). The chances for the disease being cured in from six (6) to nine (9) months, if it is discovered at an early period, are at least fifty (50) per cent."

Such then are some of the pathological and clinical proofs of the curability of pulmonary tuberculosis. They are not by any means exhaustive of the subject, but sufficient, I believe, to establish the fact that from ten (10) to fifty (50) per cent of cases, depending upon the individual resistance to the disease, and the timeliness with which treatment is begun, are curable.

TREATMENT.

Within a generation, or even less, the opinions held in regard to the treatment of phthisis have undergone important changes. Following Kochs discovery of the tubercle bacillus the trend of therapeutic endeavor was bactericidal. Intra-pulmonary injections, and inhalations of vaporized solutions of different germicides occupied the professional mind for a time, until they were proven by bacteriological experiment and clinical experience to be utterly useless. Tuberculin is accredited as yet, by the majority of observers, with no field of usefulness except in that of diagnosis of animal tuberculosis. Many laboratory workers still cling to the hope of destroying the bacillus, or its pabulum, by a modified tuberculin, or by some antitoxin not yet discovered.

At the recent Congress for Hygiene and Dermatology, held April 12th, 1898, in Madrid, Prof. Behring, the discoverer of diphtheria antitoxin, said that it has been so far impossible to obtain from mammals a remedial antitoxin which acted with certainty in man or animals, and he would have to look somewhat skeptically upon the antitoxin treatment of tuberculosis, had not Ranson, in his (Behring's) laboratory in Marburg discovered a species of birds which met the requirements for the production of an effective tuberculosis antitoxin more satisfactorily than mammals. What might be gained in practice by this surprising as well as encouraging fact had to be left, he said, to future developments.

After referring to some of the conditions that obstruct a rapid progress in combating human tuberculosis with a specific antitoxin, Behring arrived at the conclusion that "It will still take a long time before we shall be able to speak of a practically serviceable serum therapy of tuberculosis."

Hence, as we can not kill the tubercle bacillus directly by a germicide, or successfully combat his baneful influence by an antitoxin we are compelled to attack him indirectly, endeavoring to render the tissues of his host—our patient—an uncongenial soil for him to live upon. And this we accomplish by improving the condition of our patient by the aid of food and hygienic living in the open air.

Desjardin-Beaumetz, speaking of the therapeutics of phthisis says: "We must fall back upon over-alimentation and hygiene; and after alimentation in importance comes climate. Oxygenation is the great point, and as much open air as possible, no matter where it is, but best where the temperature is not over 60F. in the winter.

In a word we have to confess that we are reduced to alimentation, and respiration of pure air, in this disease."

The late Dr. Loomis said that six meals should be taken in the twenty-four hours; that the articles taken at any one meal should be such as are digested in the stomach or intestines alone,

i. e., fats, starches and sugars should not be mixed with albumenoids, to any extent, and that no food should be taken while suffering from fatigue, worry or excitement.

Rest is the great conserver of energy, and as frequent and prolonged periods should be taken as the patient's condition demands. Exercise for the most part should be passive, never violent nor carried to the point of fatigue. Anything which markedly quickens the pulse is a distinct injury to a phthisical patient.

The neglect of these simple rules of hygiene and diet many a time has cost a sufferer his life, even when he was living under the most favorable climatic conditions, while their strict observance under medical supervision has oftentimes resulted in a cure.

Although an atmosphere free from moisture, with abundance of sunshine, and an altitude of from two thousand (2,000) to five thousand (5,000) feet above the sea is the ideal one for a consumptive, yet the results* which of late have been obtained in sanatoria, whatever their geographical location, are so distinctly favorable as to prove conclusively the paramount importance of open air treatment, strict hygiene, and over-alimentation, or forced feeding.

The belief is gaining ground among modern phthisio-therapeutists that no climate is a specific for phthisis, and that more permanent results may be obtained by curing these cases in the early stage of their disease, near their homes where they are afterwards to live and work.

---

* The least favorable results obtained in Sanatoriums devoted exclusively to the treatment of Consumption, are according to Knopf (Medical Record Feb. 13th, 1897) as follows :

Absolute cures fourteen (14) per cent.
Relative cures fourteen (14) per cent.
Amelioration forty-two (42) per cent.

The Causes and Treatment of Abortion.*

By W. J. Aldrich, M. D., St. Johnsbury.

There should be a reason for every effort. I fear there should be an apology for this one, for in choosing this much worn topic my aim has been not to lead you in paths of original research, but to recall to your minds and arrange in a form ready and suitable for use that which you already know.

When the course of pregnancy is interrupted by uterine contractions, which lead to the expulsion of the ovum, the terms abortion, miscarriage and premature delivery are applied, according to the period at which such interruption occurs. If during the first three months, it is termed an abortion; during the fourth, fifth, sixth and seventh months, miscarriage; and after the seventh month and before full term, premature delivery. This division is purely artificial, but it is justified by the practical differences in the symptoms and treatment of the conditions at the various periods.

The underlying causes of abortion, miscarriage and premature delivery are the same, and they may be *predisposing* and *active*.

The predisposition to abortion may be due primarily to disease of the chorion, as illustrated in syphilitic degeneration of the villi. As a rule, however, death of the fœtus precedes and leads to disease of the chorion, so we may look for the causes of abortion in those agencies which produce death of the fœtus. These are direct violence, diseases of the fetal appendages, diseases of the decidua, febrile diseases affecting the mother, and anæmia. Aside from the death of the fœtus, with the consecutive changes in the chorion and decidua, the predisposition to abortion may be the result of primary changes in the decidua alone.

*Read before the 85th annual meeting of the Vermont State Medical Society.

Of these changes we recognize atrophy and hypertrophy of the uterine mucous membrane. Finally, there is a class of women in whom abortion occurs as the result, so far as we know, of certain nerve irritability. Sources of excitement which would be of small moment in some women, in them suffice to interrupt pregnancy.

Active or immediate causes of abortion. Aside from rupture of the membranes and escape of the amniotic fluid, changes in the ovum are rarely the immediate causes of abortion. The active causes which incite contractions and the expulsion of the ovum, reside in the mother's system. When the predisposing causes have weakened the attachments of the ovum to the decidua, anything which determines an extra supply of blood to the uterus is liable to produce extravasation of blood around the ovum and excite uterine contractions. For this reason we guard patients predisposed to abortion with every precaution during the periodic congestion, which is not entirely suppressed even in pregnancy. Fevers, inflammatory affections of the genitals, excesses in coitus, hot foot baths and the like may each lead to rupture of the decidual vessels. More often rupture follows jars to the body, as from coughing, vomiting and straining, from railroad journeys, violent exercise and falls.

The importance of separating the active from the predisposing causes of abortion is shown by the impunity with which women with no abnormal condition of the generative organs, set all the restraints at defiance with the avowed intention of interrupting an undesired pregnancy. On the other hand, women eager for offspring, after an unavoidable abortion, sometimes lay undue stress upon little imprudences, and make them the sources of morbid self reproaches.

Symptoms--Hemorrhage is an invariable accompaniment of abortion and is due to the laceration of the decidual vessels. It may be moderate or profuse. During the early months it may not exceed a profuse menstruation, and the fœtus coming away

enveloped in clots may be unnoticed and the process regarded as the normal recurrence of a delayed menstruation.

Pain is usually an uneasy sensation referable to the back in early abortions. In those at three months and after it is nearly always a prominent symptom. It assumes the character of labor pains and may be very severe. I have seen some women suffer more from a three months' abortion than others do at full term.

Diagnosis—Hemorrhage from the gravid uterus is almost pathognomonic of abortion. There may be uncertainty as to whether or not pregnancy exists, and in those cases the cessation of the menses is to be taken as presumptive evidence of its existence. The character of the pain will aid us, and, if in addition to these, we find the cervix dilated and perhaps the descended ovum in its grasp, the picture is complete.

Prognosis—The outlook for the mother in uncomplicated spontaneous abortions under suitable treatment is extremely good. The frequent deaths resulting from criminal abortion are due to ignorance of the attendant or imprudences on the part of the patient. The degree to which the dangers of abortion may be neutralized by proper treatment is shown by the report of Doctor Johnson, who during his mastership of the Rotunda hospital in Dublin, treated 234 cases of abortion with but a single death, and that was caused by valvular disease of the heart.

Treatment—In cases of habitual abortion much can be done to avert such interruption. If there is a history of syphillis mercurials can be used with a promise of complete success. If a displacement exists the replacement of the uterus and the employment of a properly fitting pessary will give good results. The use of the pessary should be discontinued, however, after the third or fourth month, as the uterus will be of sufficient size to retain its proper position. If there are inflammatory affections of the uterus they should receive suitable treatment. Sometimes one abortion, purely accidental, will be followed by others at short intervals, the sequence being kept up by a morbid con-

dition of the endometrium, which does not have time to recover between the pregnancies. A period of abstaining from coitus should be advised in such cases. In those cases of abortion seemingly due to nerve irritability the fluid extract Viburnum prunifolium in one half to one teaspoonful doses four times a day, beginning two or three days before the period and continuing it two or three days after the flow ceases, often serves admirably. In conjunction with these, rest in bed should be enjoined. After the fourth month the danger of the occurrence of abortion rapidly lessens.

When a physician is called to a case of hemorrhage from the gravid uterus he should determine as soon as possible whether it may or may not be arrested. If the hemorrhage is slight, and labor pains have not begun, and if the cervix is not dilated, there is a chance that the process may be arrested. The patient should be put to bed, opiates administered to allay restlessness and nervous excitement, and fluid extract Viburnum prunifolium given in teaspoonful doses every two or three hours as long as its use seems to be indicated. When the foregoing measures prove successful, the patient should be kept in bed a week after all symptoms have disappeared. If it has been ascertained that the foetus is dead, and in all cases of inevitable abortion, all measures tending to retard the emptying of the uterus should be stopped.

If the hemorrhage is profuse, with clots discharging from the uterus, if the cervix is dilated and labor pains are present, the condition has become one of inevitable abortion. Here there is but one thing to do and that to empty the uterus as speedily as possible. If the cervix is sufficiently dilated the physician should at once introduce the index finger and explore the uterine cavity. Should the ovum be found intact it can be removed with little difficulty. In case the membranes have ruptured and the foetus already escaped, the remaining portions of the ovum should be removed. The operation is not difficult and its technique is

too familiar to demand description, while the results are all that could be desired.

If for any reason the ovum cannot be reached by the finger a strong pair of uterine dressing forceps may be introduced and the ovum grasped and extracted. Then with a dull irrigating curette go over the entire endometrium, carefully detaching all shreds of retained placental tissue, at the same time irrigating the uterine cavity with a weak solution of bichloride of mercury. The contraction of the uterus closes the bleeding vessels and all hemorrhage ceases at once. Cases treated in this way will rarely show any elevation of temperature and perfect recovery can be practically assured.

If the cervix has not sufficiently dilated to allow the passage of the ovum, two courses are open. One is to administer an anaesthetic, dilate the cervix forcibly and empty the uterus as above directed. This method I prefer in many cases. It has the advantage of completeness, which is no small factor when the patient lives some distance in the country away from medical assistance. In some cases it is inapplicable, however, on account of the rigidity of an unyielding cervix. Here we must resort to the vaginal tampon. The tampon checks the hemorrhage and excites uterine contractions. By a tampon is not meant the mere hasty filling of the vagina, but the careful packing of long strips of gauze, first around the cervix, then over the os, and finally filling the entire vagina. A speculum should be used for this purpose so that the work can be directed by the eye. No tampon should be left in place over twelve hours. Often on removing the tampon the ovum will be found in the upper portion of the vagina. If such should not prove to be the case, and the cervix has not dilated sufficiently to admit of manual extraction, another tampon should be introduced, as may a third if necessary. If then the cervix remains undilated resort must be had to the sponge tent. As a matter of fact, however, the latter method will very seldom be found necessary.

You will sometimes see cases where uncertainty exists as to whether the uterus has emptied itself. Here all the clots should be carefully examined and broken up under water for evidences of the foetus and appendages. If they are found entire and all the symptoms have subsided, it is pretty certain that the process has been completed, and no interference on your part is necessary. If the clots have not been saved, as is often the case, the history of clots having been discharged, together with the cessation of all the active symptoms of abortion, renders the presumption quite certain that the process has been completed. There remains then nothing to do but to keep the patient quiet in bed for a proper period of time, ranging from three or four days in early abortions to ten days or two weeks for those farther advanced.

If after any abortion the lochial discharge should become purulent in character and offensive to the smell, with perhaps elevation of temperature and chills, the patient should be placed in the dorsal position crosswise the bed and the uterus irrigated with a solution of bichloride of mercury, one or two thousand, using either a douche tube or a rinsing curette. I have seen conditions of utmost gravity completely overcome by this procedure alone, the temperature dropping from 105 to normal in a very few hours, and the patient making an uninterrupted recovery.

There is another class of cases which are often met, namely, those of neglected abortion. There is a history of an abortion but hemorrhages occur from time to time or whenever the upright position is assumed. In these it is safe to conclude that some part of the ovum has been retained. Often a fetid discharge appears which shows that decomposition has set in. Following this may be chills, fever, and tenderness in the uterus, due to the absorbtion of the septic material. Recovery may take place without interference, but as a rule it is only after a long sickness, during which pelvic cellulitis and pelvic peritonitis oc-

cur as frequent complications. General peritonitis and septicaemia may result and cause a fatal termination.

The removal of retained membranes therefore is not only good practice, but may often save life. Their removal is accomplished by the use of the dull irrigating curette in the manner described above. Usually the cervix will be found sufficiently dilated to admit of the necessary manipulations. If not forcible dilatation may be employed. It is best done under an anaesthetic, but where reason for it exists the anaesthetic may be dispensed with. The source of the chills and fever being removed they quickly disappear and the case goes on uneventfully to a happy termination.

The Trendelenburg Position in Prolapse of the Funis.—Dr. R. Abrahams, of New York, has just written a paper extolling the Trendelenburg position in the management of cases of prolapse of the umbilical cord. Since attention was first called to this expedient by Dr. A. Brothers, it has been tested in several cases, with the result that it has been found decidedly superior to Thomas' classic treatment by placing the patient in the knee-chest position. The Trendelenburg position can be longer maintained without discomfort, it is less repulsive to the patient, and it facilitates not only the reposition of the cord, but also the performance of version.—*Philadelphia Medical Journal.*

Gonorrhea During Pregnancy.--Report of a Case.

By H. Edwin Lewis, M. D., Burlington, Vermont.

The greatest misfortune which can befall a woman is to contract gonorrhea. The anatomy of her sexual organs and genito-urinary apparatus is such that the gonococcus has an unlimited field of operation and to the despair of many a doctor the industrious protege of Neisser usually makes the most of his opportunities in an incredibly short time. Then again the numerous crypts, glands and follicles which are so plentiful throughout the female genitalia offer most excellent hiding places for the gonococci. And some later day after the fury of a gonorrheal storm has passed and been forgotten, an unsuspecting surgeon is called in to operate on some middle aged woman for a pelvic abscess or a pyosalpinx. Several quarts of horrible pus may be removed at the operation—and every one wonders.

For a long time gynecologists have recognized the importance of gonorrhea in the etiology of diseases of women and some investigators, notably Lassar of Berlin, attribute fully 90 per cent. of the suppurative pelvic ailments of females and an equal proportion of cases of sterility, to old gonorrheal infections.

If then, gonorrhea is fraught with so much danger at all times, how much greater is that danger when the infection occurs within a few weeks of parturition. Such a case having been under my care recently I desire to make a record of it for the benefit of all who may be interested.

Mr. H. came to me August 28, 1898, and confessed to having a slight discharge from his urethra. He had been away from home for some time and had contracted "it" during his absence. Nearly a month before his wife had consulted me in regard to her approaching confinement and engaged me to attend her when

that interesting event transpired. Naturally when her husband came to me with so grievous a trouble I became suspicious and almost my first question was in regard to Mrs. H. After several leading queries my worst fears were realized and the brute admitted having infected his wife!! Great Heavens, and she was within three weeks of giving birth to his offspring. Can any greater depravity be possible? I was thunderstruck and could have thrown the cur out of my office. But a doctor has to maintain his composure under all circumstances and I managed to cover the disgust and indignation I felt.

The next day I saw Mrs. H., and an examination showed that the genitals were very red and swollen and literally bathed in pus. I made several slides and a microscopic examination a few hours later demonstrated the gonococci in large quantities.

I must admit that for the first few minutes the treatment of her case seemed beyond me. In my fancy I conjured all manner of delightful visions of puerperal septicemia, peritonitis, etc., and a liberal mixture of ophthalmia neonatorum. But I knew something would have to be done and vigorously, so I began the struggle. First and foremost I was anxious to see to what extent the inflammatory process had invaded her vagina, and as I seriously objected to covering myself with pus I gave her a good creolin douche and had the external genitals well scrubbed with soap and water. Then with a speculum I was able to get a fairly good view of the os and cervix. The introduction of the speculum caused a great deal of pain, owing to the extreme tenderness, but I was able to determine that the os and cervix participated in the general inflammation, and that the whole vagina was very markedly congested and swollen. The external genitals were even more inflamed, and the patient complained of an almost intolerable itching. The urethral orifice was very red, and there was a constant desire to urinate. Altogether the outlook was far from a hopeful one, and I frankly told the patient so.

But as stated before, I fully realized that something had to

be done, so I gave her another douche with the speculum in position, and then, after drying the mucous membrane with pledgets of cotton on an applicator, I very thoroughly cauterized the whole surface with a nitrate of silver solution, 60 grains to the ounce. Then after removing the speculum, with a small cotton carrier I carefully touched every portion of the external genital mucus membrane and all round the urethral meatus, with cotton saturated with the nitrate of silver solution. Then I prescribed a saline for my patient and an alkaline mixture of bicarbonate of potassium and tincture of hyosyamus, and gave directions that towels wrung out of hot water were to be applied to the external genitals every half hour. I also ordered hot (110°) douches of permanganate solution (1-4000) every six hours, and though I knew that they were liable to bring on labor I felt that the urgency of the case warranted the risk. Fortunately no such complication arose.

The next day the discharge was very much less and the patient said she felt much better. I did not use the nitrate of silver solution that day but did the next. The douches and alkaline mixture were continued as were the hot applications to the vulva at frequent intervals. On the fifth day there was scarcely any discharge, though considerable hyperemia and tenderness. I directed the douches to be given morning and night thereafter and prescribed some astringent medicated wafers (Micajah & Co.), one to be inserted as high in the vagina as possible after each douche. On the ninth day there was no discharge whatever, and with the exception of some redness around the urethral meatus, the genitals were quite normal in appearance. The patient complained of nothing except a slight burning whenever she urinated, which was about every two or three hours. Her urine was a little cloudy and still slightly acid, so I increased the alkaline mixture by adding some benzoate of soda and prescribed some capsules of oil of sandalwood, ten minims after each meal. Three days later I saw her, and she claimed to feel all right, only anxious to have her confinement over with.

September 15 I was called to her, and on my arrival at 8 a. m., found her in labor. She had been having pains since 6 a. m., and appeared to be doing nicely. I had settled in my mind before hand that I would not make a digital examination unless absolutely necessary, for obvious reasons. But the external abdominal examination gave me quite a shock, and to verify my diagnosis I had to examine her per vagina. To my horror I found that the presentation was evidently a left shoulder, (left cephalo-iliac,) dorsum posterior. For an hour or so I did my best to perform version by external manipulation. But it was no use, and I decided to send for my friend Dr. F———. He coincided in the diagnosis I had made of the presentation and at my suggestion also tried to turn the child by external means, but with no success. We accordingly decided to perform podalic version, and did so under chloroform. The membranes were ruptured and she was delivered of a large male child without much difficulty a short time after. But the placenta did not make its appearance as per schedule and no amount of external compression or manipulation seemed to aid its expulsion. So, after a reasonable length of time we decided to go after it. Under the strictest antiseptic precautions the placenta was removed by manual extraction, though not without considerable effort, for we found that we had to deal with that most interesting phenomena of the uterus—hour glass contraction. After placental delivery, however, the uterus contracted nicely. Before leaving the patient we gave her a hot creolin intra-uterine douche. Her recovery was uneventful. Her temperature went up to 100° the first night, but fell to normal the third day and staid there thereafter. She passed her water without any assistance three hours after her confinement. In two weeks she was able to sit up.

The case was a very satisfactory one to me, in view of the fact that she recovered so nicely from her confinement when puerperal infection seemed imminent so short a time before and the exigencies of the labor were so favorable to the introduction of infective material.

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EDITORIAL.

Diseased Pork.

It hardly seems possible that there is a person on earth who has so little regard for his fellowmen and their health as to be guilty of the crime which we have been informed a certain man in Winooski has committed. We have had no opportunity to verify our information, but it comes from a reliable source and is to the effect that when the owner of several hogs who were suffering with hog cholera, and were being treated for that disease, saw that they were not likely to live, he immediately had

them slaughtered and dressed and sold them for good healthy pork to some one of Burlington's beef concerns.

A man who could do such a deed as this for the sake of a few paltry dollars is a criminal whose propensities are so inhuman that his very life is a constant menace to his fellowmen. Any one who has ever seen the effects of cholera on swine and had a chance to examine the animals dying from that disease can readily appreciate the enormity of the crime which would be perpetrated by selling them for food. Think of the ptomaines and other products of disease which any number of people may have taken into their systems, right here in Burlington, and then wonder at the fevers and intestinal disorders which are constantly being met by the practicing physician!!

If it can be proven that a brute as above does exist, he should be punished to the fullest extent of the law, and as a means of prevention against the others of his kind, the slaughter houses of the State should be under governmental supervision. Then every particle of flesh put onto the market as food could be examined and its fitness for consumption passed upon by experts. The question is bound to receive greater consideration as the people grow to realize its fearful importance. It is the age of preventing disease, and if it was only known that the meats we eat are unquestionably one of the greatest factors in the production of many diseases, the matter would have received attention long ago.

New Honors.

We take great pleasure in informing our many friends and readers that the VERMONT MEDICAL MONTHLY has been appointed the Official Organ of the *Thurber Medical Society* of Milford, Mass. This society is one of the best and most advanced of the local societies in the country and the grand work the members are doing has received much hearty commendation all over New England.

We shall publish the articles which are presented before the society and the marked excellence of those papers in the past assures an additional amount of good matter for our journal during the coming months.

Right here we wish to say that we are proud of the VERMONT MEDICAL MONTHLY, and feel that it is working out its own salvation to the joy of its friends, and the chagrin of it enemies. It has had to contend with much that will never be known, but honest endeavor and faithful work are bound to win, and we know that we have passed the hardest and most dangerous part of our journalistic career. God grant that our journal may go on with renewed energy, perfecting the good qualities which it may possess and stamping out the objectionable features which are the product of our inexperience and inability.

Obituary.

The death of Dr. Joel Allen, which occurred December 6th, 1898, at his residence in Burlington, was a severe blow to his many friends and the community at large.

About two months before his death Dr. Allen was taken ill with a malignant disease of the stomach which resisted every form of medication. In spite of every known method of treatment and the best of care he continued to grow worse and after long weeks of suffering he entered into his last rest.

Dr. Allen was born in North Hero in 1850 and passed his early life in that town, until he came to Burlington to attend the Medical College of the University of Vermont in 1872, from which he graduated three years later. On the 31st of August, 1876, he married Miss Susan Beeman of Fairfax and soon after moved to Johnson. There he began his professional career and practiced until 1894, when he located in Burlington, where he has

since resided, winning a large practice by his pronounced ability and kindly manner.

The deceased was a Mason and chaplain of Washington Lodge, No. 3, F. and A. M., of this city. He was elected a member of the Ethan Allen club just before he was taken sick. He was also connected with several other medical, religious and social organizations all of whom will miss his hearty sincere fellowship.

The loss of a man like Joel Allen always comes in the nature of a serious disaster. But though he has gone out from the midst of those people who have learned to look to him not only for medical aid, but for the solace and comfort which only a God-fearing doctor can give, there will be little danger of his memory growing cold. Many a sad heart will live over for years to come some one of the manifold kindnesses which he was continually showing to those with whom he came in contact. The writer of this humble obituary which is more than a duty, well remembers the kind words of encouragement which were expressed by Dr. Allen at a certain consultation. The case was a desperate one, well calculated to try the nerve of any young physician, and between worry and anxiety, doubt and fear, the writer could see very little to feel cheerful over. But the seeds of hope and cheer which Dr. Allen sowed with the simple words, "You have done all that anybody could do, my boy, no matter what happens," will never be forgotten as long as the writer lives. The patient recovered some time later but somehow or other the fact of her recovery never really made the impression that those few words of Dr. Allen did at the time they were expressed.

And so, as this small tribute to a friend is brought to a close, the writer cannot help but feel that there is a great lesson to be drawn from that friend's life. That lesson is, not to be so chary and selfish in regard to words of encouragement. We never know what comfort they may bring nor what a power for good they may prove at the right time. Many a man tossed hither and thither

by circumstances thirsts after a few words of cheer, as the ground at certain seasons thirsts after a few drops of rain. When they do come, the drops of rain or the words of encouragement, they always brighten and refresh the spot where they fall.

To-morrow's sun may never shine for us. Then let us not neglect the opportunity to-day of encouraging some one who hungers after the words that perhaps we alone can speak. The effort is small but the returns may reach farther than eternity. Dr. Allen, good Christian man that he was, made the most of his kind heart and the riches therein, and, as we said before, there is no danger of his memory growing cold. H. E. L.

MEDICAL ABSTRACTS.

When to Give Quinine.—So many battles royal have been fought over quinine and physicians differ so widely in their views as to its therapeutic value, it seems proper to inquire into the causes of this variance of opinion.

A doctor's ideas of the therapeutic value of any drug will be largely determined by the practical results which he gets from its use. If he has success with it then he is a firm believer in its efficacy, but if he meets with failure he is apt to arbitrarily condemn it. This being granted, it is evident from the number of friends which quinine possesses, that it has great merit as a remedy in some diseased conditions, but there are certain principles which govern the use of the drug and these must be known and observed to meet with success in its use.

In the first place quinine is both a stimulant and a sedative, a stimulant in small doses and a sedative in large doses. Then quinine has its symptom indications and it is folly to give it unless the system is in the condition which calls for quinine. For instance, quinine should never be given when there is great systematic excitement. If the patient exhibit a red, dry, hot skin, a tense and rapid pulse, with parched mouth and withered lips, quinine will only aggravate the condition. Aconite, gelsemium, Peacock's Bromides, phenacetin are our remedies in this condition. But when the excitement has subsided and secretory activity is restored, as manifested by the full, yet relaxed pulse, the moist tongue and dewy skin, then quinine will produce immediate and beneficial results.

To use quinine successfully we must prescribe it intelligently. If we believe quinine will do good in a given case, and the

indications are absent, then we must prepare the way for the drug by moving the bowels and starting up the secretions generally, and we must regulate the dose by the effect to be produced and the temperament of the patient, bearing in mind that the nervo-sanguine individual requires smaller doses of all drugs than his more phlegmatic and bilious brother.—*Med. Brief.*

Chordee.—Some time ago I was called during the night to see a patient in the agony of chordee; the day previous he had taken large doses of the bromides as a prophylactic, but seemingly they had no effect. Noting that the glans penis and the prepuce were very dry, and sensitive, and seeing a jar of vaseline on the dresser, I thought it rational to expect to relieve him by anointing the glans with it; but I was not prepared for the complete, instantaneous results, for, as soon as the glans was well smeared, the entire organ became flaccid and of neeessity painless. This he tried again during the two sueceeding nights with like result.

Soon after this I had another patient with gonorrhea and advised vaseline as above used should chordee develop, which it did in due course, but as quiekly vanished under the soothing influence on three distinct occasions.

Not being able to recall having read this at any time, and deeming it might be of use to others, I put it before them.—George W. Ely, M. D., *in New York Medical Journal.*

BOOK REVIEWS.

A Text Book Upon the Pathogenic Bacteria.—For Students of Medicine and Physicians. By Joseph McFarland, M. D., Professor of Pathology in the Medico-Chirurgical College, Philadelphia: Pathologist to the Medico-Chirurgical Hospital and to the Rush Hospital for Consumption and Allied Diseases. With 134 Illustrations. Second Edition, Revised and enlarged, Octavo, 497 pages. Price $2.50 net. Philadelphia: W. B. Saunders, 925 Walnut Street, 1898.

This book has met with much commendation from the profession. The first edition was eagerly snapped up, and we do not doubt that this second edition will soon be exhausted.

Such rapid progress has been made in bacteriology and the subject has become so important a one to medical men that books on the science are always in demand. This book is one of the best that has thus far been published on the pathogenic bacteria, and no doctor who claims to be up-to-date can afford to be without it. This is true, because the full comprehension of so many diseases requires first and foremost a full and complete knowledge of the biology and morphology of the causative germ. The book gives a complete description of all the pathogenic germs, as well as the most modern methods of preparing them for microscopic examination. The cuts which illustrate the text are finely chosen and executed, and as might be supposed add greatly to the book.

The book is certainly a very scholarly one and valuable alike to student and practitioner.

The American Text Book of Gynecology, Medical and Surgical.—For Practitioners and Students.

By Henry T. Byford, M. D.; J. M. Baldy, M. D.; Edwin B. Cragin, M. D.; J. H. Etheridge, M. D.; William Goodell, M. D.; Howard A. Kelly, M. D.; Florian Krug, M. D.; E. E. Montgomery, M. D.; William R. Pryor, M. D.; George M. Tuttle, M. D. Edited by J. M. Baldy, M. D. Second Edition, Revised. With 34 Illustrations in the Text, and 38 Colored and Half-Tone Plates. Imperial Octavo, 718 pages. Price, Cloth, $6.00; Sheep or Half Morocco. $7.00. For sale by Subscription. Philadelphia: W. B. Saunders, 925 Walnut Street, 1898.

Of book making there is no end, and it would seem that works on gynecology are more abundant than on any other subject. The reason for this is probably due to the fact that investigation along the line of diseases of women has completely revolutionized old methods and substituted many new and improved ones. No work brought to our attention thus far is so capable of presenting the whole subject of gynecology in a modern light as is the above American Text-book. The book before us is the second revised edition, and even the most casual examination will demonstrate the very evident importance of the work.

Several authors, all men of recognized ability as teachers and practitioners, have written the various divisions of the text, and a careful editor has arranged and classified the material in a highly satisfactory manner. The chapters on genito-urinary work are particularly interesting, expressing as they do the most recently advanced ideas on this branch. The portion devoted to technique and after-treatment is also to be commended, forming as it does a very valuable treatise on the subject.

In the matter of illustrations the book cannot be too highly praised. They are very numerous and remarkably fine, and we are glad to say that they are not simply reproductions of pathologic specimens. They can truly be said to elucidate the text and demonstrate methods rather than objects.

The American Text Book of Gynecology in its revised form is unquestionably one of the best single volume works ever presented to the medical profession, and well deserves the authoritative position the former edition attained.

The Physician's Visiting List (Lindsay & Blakiston) for 1899. Published by P. Blakiston's Son & Co. Philadelphia.

This is the forty-eighth edition of a visiting list which for long years has received the approbation of the medical profession. It is certainly one of the best we have ever seen, and for convenience and appearance it has no peer.

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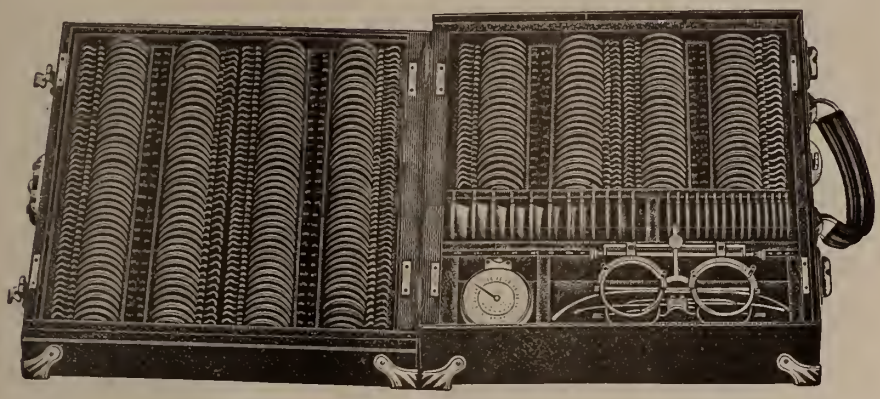
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